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MONMOUTHSHIRE COUNTY COUNCIL.

PUBLIC HEALTH REPORT

FOR THE YEAR 1932.

D. ROCYN JONES,
C.B.E., M.B., D.P.H., J.P.,
County Medical Officer.

THE COUNTY HALL,
NEWPORT, MON.
28th JULY, 1933.

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REVIEW

OF THE

GENERAL SANITARY CONDITIONS

OF THE

COUNTY OF MONMOUTH,

For the Year ended December 31st, 1932.

SCOPE OF THE REPORT.

Under Article 14 (3) of the Sanitary Officers Order 1926, and in accordance with circular 1269 (Wales) of the Ministry of Health (Welsh Board of Health), the Annual Reports for the year 1932 become the second of the third series of Ordinary Reports. Reports of a full and detailed character known as " Survey Reports " are required by the Ministry of Health at intervals of not less than five years. The Report for the year 1930 was a " Survey Report," and completed the second series of Annual Reports.

The Circular for the year 1932 has been followed as far as possible for the work for which the County Council is directly responsible. At the time of going to press very few of the Reports of the District Medical Officers have been received, consequently it has not been possible to deal fully with some of the subjects.

STATISTICS AND SOCIAL CONDITIONS OF THE AREA.

Area (in acres), 345,001.

Population (1931) Census, 345,755.

Do. (Estimated 1932), 343,960.

Rateable value, £1,215,554.

Sum represented by a penny rate, £4,390 (estimated).

SOCIAL CONDITIONS.—The County of Monmouth is partly industrial and partly agricultural. The Rhymney, Sirhowy, Western and Eastern Valleys

are thickly populated coal mining districts, in which are also Iron, Steel and Tinplate works. In addition there are coal by-product plants in some of these districts. The Eastern and Southern portions of the County are practically agricultural communities.

The Social conditions generally remain much the same. Extensive unemployment still exists in the industrial parts of the County.

Reference to the influence of a particular occupation on Public Health is given in the Report of the County Pathologist under the heading Laboratory Facilities.

The Collieries and Works have well organised medical arrangements. The District Hospitals and the Royal Gwent Hospital at Newport are well patronised by residents of the County, but do not meet the full needs of general hospital facilities.

VITAL STATISTICS.

The Vital Statistics for England and Wales for the year 1932, compiled by the Registrar-General, are as in the subjoined table. The Monmouthshire figures are given for the purpose of comparison.

	Birth Rate per 1,000 of population.				Death Rate per 1,000 living.		Deaths under one year per 1,000 births.	
	Live Births	Still Births	Live Births	Still Births				
	1932	1932	(1931)	(1931)	1932	(1931)	1932	(1931)
ENGLAND & WALES ...	**15.3**	**0.66**	*(15.8)*	*(0.67)*	**12.0**	*(12.3)*	**65.0**	*(66.0)*
118 County Boroughs and Great Towns, including London	15.4	0.70	*(16.0)*	*(0.67)*	11.8	*(12.3)*	69.0	*(71.0)*
126 Smaller Towns (Estimated resident population 25,000 to 50,000 at census 1931) ...	15.4	0.69	*(15.6)*	*(0.73)*	10.8	*(11.3)*	58.0	*(62.0)*
London	14.2	0.51	*(15.0)*	*(0.50)*	12.3	*(12.4)*	66.0	*(65.0)*
MONMOUTHSHIRE ...	**17.1**	**1.02**	*(17.6)*	*(1.02)*	**11.1**	*(12.01)*	**67.7**	*(71.9)*

In all cases the estimated populations as supplied by the Registrar-General have been used for the purposes of this table.

VITAL STATISTICS FOR THE YEAR 1932.

District	Estimated Population.	BIRTHS								DEATHS				Zymotic Death-rate per 1000 of estimated population.	Tubercular Death-rate per 1000 of estimated population (including Phthisis and other Tubercular diseases).	Respiratory diseases Death-rate per 1000 of estimated population.	Medical Officer of Health
		Legitimate		Illegitimate		Total		Grand Total	Rate per 1000 of population	Male	Female	Total	Rate per 1000 of population				
		Male	Female	Male	Female	Male	Female										
URBAN.																	
Abercarn	20260	182	178	4	9	186	187	373	18·4	114	97	211	10.4	·44	·44	1·82	E. M. Griffith, M.D., Abercarn
Abergavenny	8480	47	43	3	2	50	45	95	11·2	64	57	121	14·2	·59	·47	2·12	H. L. S. Griffiths, M.R.C.S., L.R.C.P., Abergavenny
Abersychan	25500	227	174	6	7	233	181	414	16·2	148	110	258	10·1	·15	·98	1·13	R. J. S. Verity, L.S.A., L.M.S.S.A., Garndiffaith
Abertillery	31560	271	249	12	6	283	255	538	17·0	183	169	352	11·1	·50	·76	1·14	T. Baillie Smith, M.B., CH B., D.P.H., Abertillery
Bedwas and Machen ...	8949	77	63	—	1	77	64	141	15·7	48	61	109	12·1	·33	1·34	·89	Edith M. Davies, M.B., B.CH., M.R.C.S., L.R.C.P., D.P.H.,
Bedwellty	29900	362	294	21	9	383	303	686	23·3	196	168	364	12·1	·66	·66	2·64	S. R. MacMillan, M.B., B.CH., New Tredegar [Machen
Blaenavon	11050	102	68	3	5	105	73	178	16·1	75	61	136	12·3	·27	·18	2·26	J. Reynolds, M.B., CH.B., B.A.O., Blaenavon
Caerleon	2489	15	12	1	—	16	12	28	11·2	14	7	21	8·4	—	—	·40	A. M. M. Roberts, M.B., CH.B., B.S., Caerleon
Chepstow	4194	40	46	1	5	41	51	92	21·9	44	24	68	16·1	—	1·19	2·14	T. L. Drapes, M.B., B.CH., M.R.C.S., L.R.C.P., B.A., Chep-
Ebbw Vale	31500	260	250	4	7	264	257	521	16·5	185	173	358	11·3	·47	1·04	1·04	F. M. Fonseca, F.R.C.S., D.P.H., Ebbw Vale [stow
Llanfrechfa Upper ...	4491	34	33	1	1	35	34	69	15·3	19	24	43	9·5	—	·44	1·55	A. W. Hayles, M.R.C.S., L.S.A , Upper Pontnewydd
Llantarnam	7189	48	64	2	2	50	66	116	16·1	37	40	77	10·7	·27	·69	2·08	F. C. Jones, M.B., CH.B., M.R.C.S., L.R.C.P., Cwmbran
Monmouth	4874	39	26	3	4	42	30	72	14·7	32	31	63	12·9	—	·82	1 23	W. H. Williams, M.R.C.S., L.R.C.P., B.A., Monmouth
Mynyddislwyn	16140	157	157	4	5	161	162	323	20·0	88	76	164	10 1	·43	1·17	1·36	R. E. Roberts, M.B., B.SC., L.S.A., Cwmfelinfach
Nantyglo and Blaina ...	13220	117	107	4	5	121	112	233	17·6	92	62	154	11·6	·30	·98	1·21	F. M. Wallen, M.R.C.S., L.R.C.P., Blaina
Panteg	11370	72	50	1	2	73	52	125	10·9	68	44	112	9·8	·08	·87	·87	T. J. McAllen, M.B., CH.B., Pontypool
Pontypool	6834	56	50	5	5	61	55	116	16.9	40	38	78	11·4	·14	·58	1 02	Do. do.
Rhymney	10450	106	79	3	3	109	82	191	18·2	73	66	139	13·3	·95	·95	1·90	R. V. de A. Redwood, F.R.C.S., L.R.C.P., Rhymney
Risca	16540	118	134	7	4	125	138	263	15·8	100	76	176	10·6	·42	·96	1·56	N. N. Wade, M.D., CH.B., Risca
Tredegar	23010	207	223	9	12	216	235	451	19·6	141	111	252	10·9	·56	·77	1·52	E. T. H. Davies, M.D , M.S., F.R.C.S., L.R.C.P.,
Usk	1300	7	9	—	1	7	10	17	13·0	11	8	19	14·6	—	1·54	2·30	E. L. M. Hackett, L.R.C.P., L.R.C.S., Usk [Tredegar
RURAL.																	
Abergavenny	8667	53	54	2	3	55	57	112	12·9	66	43	109	12·5	·23	·57	·81	D. W. Fryer, M.B., B.CH., M.R.C.S., L.R.C.P., Abergavenny
Chepstow	8705	57	65	3	3	60	68	128	14·7	41	42	83	9·5	·45	·45	·45	T. L. Drapes, M.B., B.CH, M.R.C.S., L.R.C.P., B.A., Chep-
Magor	6678	42	56	2	3	44	59	103	15·4	25	30	55.	8·2	·14	·59	1·34	S. Hamilton, M.D., B.CH., B.A.O., D.P.H., Newport [stow
Monmouth	6437	43	41	—	3	43	44	87	13·5	41	39	80	12·4	—	·77	1·55	W. H. Williams, M.R.C.S. L.R.C.P., B.A., Monmouth
Pontypool	5063	36	34	1	3	37	37	74	14·6	33	20	53	10·4	—	·98	1·18	E. L. M. Hackett, L.R.C.P., L.R.C.S., Usk
St. Mellons	19110	159	161	13	6	172	167	339	17·7	98	90	188	9·8	·14	·99	1·09	N. N. Wade, M.D., CH.B., Risca
Grand Totals, 1932 ...	343960	2934	2720	115	116	3049	2836	5885	17·1	2076	1767	3843	11·1	·37	·81	1·44	
Totals for Year 1931 ...	*347570*	*3037*	*2864*	*129*	*116*	*3166*	*2980*	*6146*	*17·6*	*2280*	*1895*	*4175*	*12·01*	*·3*	*·85*	*1·68*	

BIRTHS.—The total number of births registered in the Administrative County during 1932. was 5,885, made up as follows :—

	Legitimate		Illegitimate		Total		Grand Total
	M.	F.	M.	F.	M.	F.	
Urban Districts ...	2544	2309	94	95	2638	2404	5042
Rural Districts ...	390	411	21	21	411	432	843
Total	2934	2720	115	116	3049	2836	5885

In 1931 there were 6,146 births; in 1930, 6,342 births; in 1929, 6,149 births; in 1928, 6,612 births; in 1927, 6,552 births; in 1926, 7,575 births; in 1925, 8,100 births; in 1924, 8,368 births; in 1923, 8,737 births; in 1922, 8,805 births; in 1921, 10,312 births; in 1920, 10,779 births; in 1919, 8,487 births; in 1918, 8,948 births; in 1917, 8,402 births; in 1916, 8,848 births; in 1915, 10,194 births; and in 1914, 9,455 births. The birth rate for 1932 was 17·1 per 1,000 persons living. In 1931 the rate was 17·6; in 1930, 17·6; in 1929, 17·8; in 1928, 18·3; in 1927, 17·5; in 1926, 20·3; in 1925, 21·5; in 1924, 22·3; in 1923, 23·5; in 1922, 23·8; in 1921, 28·3; in 1920, 29·2; in 1919, 22·9; in 1918, 24·8; in 1917, 23·1; in 1916, 25·7; in 1915, 28·59; and in 1914, 30·2.

For the Urban Districts of the County the birth-rate was 17·4 per 1,000 for 1932, and for the Rural Districts, 15·4, as compared with 18·0 and 15·7 respectively for 1931 and 17·9 and 15·6 for 1930.

The birth rate shows a reduction of ·5 upon the figure for the year 1931 (17·6). There were 261 fewer births in the Administrative County during the year 1932 as compared with 1931.

The number of births of illegitimate children was 231 which gives a rate of 39·2 per 1,000 of the total births, and ·61 per 1,000 population. Last year the number was 245, equal to 41·5 per 1,000 births, and ·70 per 1,000 of population. For the year 1930, the figures were 218, equal to 35·5 per 1,000 births, and ·60 per 1,000 population.

The birth-rate for England and Wales was 15·3.

DEATHS.—The total number of deaths registered in the Administrative County, as shown by the Registrar-General's table, was 3,843, as compared with 4,175 in 1931, 3,688 in 1930. 4,069 in 1929, 3,954 in 1928, 4,088 in 1927, 3,499 in 1926, 3,980 in 1925, 3,962 in 1924, 3,860 in 1923, 4,238 in 1922, 4,107 in 1921, 4,379 in 1920, 4,171 in 1919, 4,943 in 1918, 3,822 in 1917, 4,979 in 1916, 5,063 in 1915, and 4,356 in 1914.

The general death-rate, calculated upon the estimated population of 343,960, works out at 11·1 per 1,000 living. In 1931, the rate was 12·01; in 1930, 10·2; in 1929, 11·3; in 1928, 10·9; in 1927, 11·0; in 1926, 9·4; in 1925, 10·6; in 1924, 10·6; in 1923, 10·4; in 1922, 11·4; in 1921, 11·3; in 1920, 11·9; in 1919, 11·7; in 1918, 15·3; in 1917, 11·7; in 1916, 12·9; in 1915, 15·3; and in 1914, 12·8. For the Urban Districts the rate for 1932, was 11·3, and for the Rural Districts, 10·3.

The County death-rate of 11·1 per 1,000 of population is below the rate for 1931, which was 12·01. It is also still below that for England and Wales, 12·0.

CAUSES OF DEATH AT DIFFERENT PERIODS OF LIFE IN THE ADMINISTRATIVE COUNTY OF MONMOUTH, 1932.

CAUSES OF DEATH.	Sex.	AGGREGATE OF URBAN DISTRICTS. All Ages	0—	1—	2—	5—	15—	25—	35—	45—	55—	65—	75—	AGGREGATE OF RURAL DISTRICTS All Ages	0—	1—	2—	5—	15—	25—	35—	45—	55—	65—	75—
ALL CAUSES	M	1772	184	44	39	62	91	78	108	180	317	401	268	304	24	2	3	8	9	13	17	27	46	75	80
	F	1593	176	27	40	64	95	93	104	139	213	303	249	264	15	2	2	9	10	19	21	15	36	57	78
1 Typhoid and paratyphoid fevers	M	1	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
	F	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
2 Measles	M	10	1	4	3	2	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
	F	9	...	5	4	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
3 Scarlet fever	M	7	...	...	2	3	1	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
	F	10	1	2	1	5	1	...	...	...	...	...	...	3	...	...	...	2	...	...	1	...	...	...	...
4 Whooping cough	M	9	4	4	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
	F	16	9	4	2	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
5 Diphtheria	M	12	...	...	6	5	1	...	...	...	...	...	...	4	...	...	1	2	1	...	...	...	...	...	...
	F	16	...	...	7	8	1	...	...	...	...	...	...	1	...	...	...	...	1	...	...	...	...	...	...
6 Influenza	M	67	3	1	1	4	5	3	9	11	8	16	6	6	...	...	1	...	...	1	...	...	1	1	2
	F	47	3	1	...	1	5	5	3	4	8	9	8	5	...	...	...	...	1	1	2	...	...	...	1
7 Encephalitis lethargica	M	1	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
	F	2	...	...	...	1	...	1	...	...	...	...	...	2	...	...	...	...	...	...	2	...	...	...	...
8 Cerebro-spinal fever	M	4	3	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
	F	4	1	...	...	1	...	...	...	1	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...
9 Tuberculosis of respiratory system	M	100	...	1	1	1	26	20	19	18	12	2	...	13	...	...	...	...	3	2	5	1	1	1	...
	F	91	...	1	1	4	35	23	16	7	4	...	...	20	...	...	1	1	4	9	2	2	...	1	...
10 Other tuberculous diseases	M	27	1	3	...	4	12	4	2	...	1	...	...	4	...	...	1	...	...	1	...	2	...	...	...
	F	19	1	...	3	6	5	3	1	...	...	...	...	5	...	...	1	...	2	2	...	...	...	...	...
11 Syphilis	M	2	...	...	...	...	...	...	1	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
	F	6	3	...	...	...	...	...	...	1	1	1	...	1	...	...	...	1	...	...	...	...	...	...	...
12 General paralysis of the insane, tabes dorsalis	M	16	...	...	...	...	...	...	4	7	5	...	...	1	...	...	...	...	...	...	...	...	1	...	...
	F	2	...	...	...	...	...	...	1	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
13 Cancer, malignant disease	M	141	...	...	...	1	2	1	6	18	44	55	14	33	...	...	...	...	1	...	1	7	6	15	5
	F	144	...	...	...	2	...	4	14	22	35	55	12	34	...	...	...	...	...	1	2	3	7	11	10
14 Diabetes	M	8	...	...	...	...	1	...	4	1	1	1	...	1	...	...	...	...	...	...	...	1	...	...	...
	F	27	...	...	...	...	2	...	1	5	11	5	3	4	...	...	...	...	...	...	1	...	1	1	1
15 Cerebral hæmorrhage, etc.	M	78	...	...	...	...	...	...	1	5	22	30	20	22	...	...	...	...	...	...	1	2	4	9	6
	F	93	...	...	...	...	...	1	4	12	25	29	22	22	...	...	...	...	...	...	1	1	3	10	7
16 Heart disease	M	356	...	...	1	6	9	7	12	35	84	122	80	83	...	...	...	...	1	1	2	5	12	29	33
	F	300	...	...	...	6	8	8	18	35	57	89	79	62	...	...	...	1	...	...	2	2	10	21	26
17 Aneurysm	M	5	...	...	...	...	...	...	1	...	3	1	...	2	...	...	...	...	...	...	...	...	1	...	1
	F	2	...	...	...	...	...	...	...	...	1	...	1	...	...	...	...	...	...	...	...	...	...	...	...
18 Other circulatory diseases	M	63	...	...	...	...	...	...	1	1	15	29	17	13	...	...	...	...	...	...	...	1	2	2	8
	F	44	...	...	...	...	...	...	...	2	5	18	19	5	...	...	...	...	...	...	...	...	...	2	3
19 Bronchitis	M	99	13	4	1	...	...	...	2	5	14	27	33	12	2	...	...	...	...	...	...	...	2	3	5
	F	78	12	2	1	...	2	...	2	3	10	25	21	14	2	...	...	...	...	1	1	...	1	1	8
20 Pneumonia (all forms)	M	117	27	11	10	5	2	4	5	14	16	17	6	13	6	1	...	...	...	...	...	1	4	...	1
	F	82	30	4	11	6	3	5	5	5	5	4	4	13	2	1	...	...	...	1	2	1	1	2	3
21 Other respiratory diseases	M	37	1	1	1	...	...	2	2	11	8	10	1	5	...	...	...	...	...	1	1	1	2	...	...
	F	28	1	...	3	1	3	2	4	3	4	3	4	...	...	...	...	...	...	...	...	...	...	...	...
22 Peptic ulcer	M	16	...	...	...	...	...	4	...	4	6	2	...	1	...	...	...	...	...	...	...	...	1	...	...
	F	5	...	...	...	...	...	2	1	...	1	1	...	1	...	...	...	...	...	...	...	...	...	1	...
23 Diarrhoea, etc.	M	26	13	4	1	1	...	1	...	1	1	2	1	1	...	...	...	1	...	...	...	...	...	...	...
	F	27	11	2	1	1	1	1	3	2	1	4	...	4	1	1	...	1	...	...	...	1	...	...	...
24 Appendicitis	M	8	...	...	...	3	1	.	1	1	1	1	...	..	..	..	..	...	...	...	...	...	...	...	...
	F	8	...	...	...	3	...	...	...	3	2	...	...	1	...	...	...	1	...	...	...	...	...	...	...
25 Cirrhosis of liver	M	5	...	...	...	...	...	...	1	1	1	2	...	4	...	...	...	...	...	...	...	1	1	2	...
	F	4	...	...	...	...	...	...	...	2	2	...	...	...	...	...	...	...	...	...	...	...	...	...	...
26 Other diseases of liver, etc.	M	9	...	...	...	...	...	1	...	...	2	4	2	1	...	...	...	...	...	...	1	...	...	...	...
	F	8	...	...	...	...	...	...	1	1	2	3	1	2	...	...	...	...	...	...	...	1	1	...	...
27 Other digestive diseases	M	38	1	3	2	1	1	1	2	1	13	8	5	7	1	1	...	1	...	...	...	1	1	1	1
	F	28	2	...	2	1	4	...	2	2	3	8	4	6	1	...	...	...	...	1	1	...	2	1	...
28 Acute and chronic nephritis	M	50	...	...	...	2	1	3	3	6	11	20	4	9	...	...	...	...	...	...	...	2	2	3	2
	F	41	1	...	...	5	2	4	5	5	9	6	4	11	...	...	...	...	...	...	...	...	4	3	4
29 Puerperal sepsis	F	8	...	...	...	...	5	2	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
30 Other puerperal causes	F	22	...	...	...	...	6	10	6	...	...	...	...	3	...	...	...	...	1	...	2	...	...	...	...
31 Congenital debility premature birth, malformation, etc	M	94	92	...	1	1	...	...	...	...	...	...	...	14	13	...	...	...	...	1	...	...	...	...	...
	F	92	90	1	...	1	...	...	...	...	...	...	...	7	7	...	...	...	...	...	...	...	...	...	...
32 Senility	M	68	...	...	...	...	...	...	...	...	1	16	51	12	...	...	...	...	...	...	...	...	...	1	11
	F	78	...	...	...	...	...	...	...	...	...	17	61	11	...	...	...	...	...	...	...	...	...	...	11
33 Suicide	M	18	...	...	...	...	2	1	5	5	3	1	1	5	...	...	...	...	...	...	2	1	1	1	...
	F	9	...	...	...	...	1	1	...	4	3	...	...	...	...	...	...	...	...	...	...	...	..	...	...
34 Other violence	M	97	2	3	2	14	17	12	13	15	7	7	5	13	...	...	...	...	2	4	2	1	2	2	...
	F	23	...	3	2	5	1	4	1	1	...	4	2	6	1	...	...	...	...	...	1	1	2	...	1
35 Other defined diseases	M	180	23	5	5	8	9	13	12	19	38	27	21	22	2	...	...	4	1	2	2	...	2	5	4
	F	129	11	2	2	6	10	17	15	18	23	21	4	19	1	...	...	2	1	3	1	2	4	2	3
36 Causes ill-defined or unknown	M	3	...	...	...	...	...	...	1	...	...	1	1	3	...	...	...	...	...	...	...	...	...	2	1
	F	1	...	...	...	...	...	...	...	...	...	1	...	2	...	...	...	...	...	...	...	1	...	1	...

Special Cases included in No. 35 above.

Polioencephalitis	M	1	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...

WOMEN DYING IN, OR IN CONSEQUENCE OF, CHILD BIRTH.—The number of deaths registered during the year from accidents and diseases of pregnancy and parturition was 33, 8 from Puerperal Fever and 25 from other causes associated with childbirth. This is equal to a rate of 5·6 per 1,000 live births, which is an increase of .2 upon the figure for last year. The rate is still much higher than that of England and Wales, which for the year 1932, was 4·0 per 1,000 live births registered.

INFANTILE MORTALITY.—The total number of deaths under one year of age throughout the Administrative County was 399, 360 in the Urban Districts and 39 in the Rural Districts.

The rate per 1,000 births was 67·7 , a decrease of 4·2 upon the figure for 1931, which was 71·9. The figure for the year 1930 is the lowest on record for the County, the previous lowest being 66·1 for the year 1926.

In the Urban Districts the rate was 71·4 per 1,000 births, and in the Rural Districts 46·2 per 1,000 births.

In 1931 the Infantile Mortality rate was 71·9; in 1930, 64·9; in 1929, 67·7; in 1928, 72·29; in 1927, 87·3; in 1926, 66·1; in 1925, 83·8; in 1924, 75·6; in 1923, 73·0; in 1922, 83.4; in 1921, 91·5; in 1920, 87·9; in 1919, 88·0; in 1918, 97·6; in 1917, 84·3; in 1916, 88·4; in 1915, 128·5; in 1914, 106; in 1913, 115; in 1912, 105; in 1911, 149; in 1910, 112; in 1909, 104; in 1908, 142; per 1,000 births.

The rate for England and Wales was 65·0.

The average Infantile Mortality rate for the 25 years, 1891-1915, was 137·4. The average rate for the seventeen years, 1916-1932 was 80.

The number of deaths of illegitimate children under one year of age was 26, or 4·4 per 1,000 of all births, and 112·5 per 1,000 of illegitimate births. Last year the number of deaths was 24, or 3·9 per 1,000 of all births, and 97·9 per 1,000 of illegitimate births.

The measures adopted by the County Council for the reduction of Infantile Mortality are fully dealt with in the Report upon Maternity and Child Welfare for the year 1932.

Number of deaths occurring during certain age periods in children under one year of age :—

	Under 1 week	1—2 weeks	2—3 weeks	3—4 weeks	Total under 1 month	1—3 months	3—6 months	6—9 months	9—12 months	Total under 1 year
Urban Districts	139	26	19	14	198	49	38	43	32	360
Rural Districts	16	3	2	—	21	3	4	5	3	36
Totals	155	29	21	14	219	52	42	48	35	396

N.B.—The figures in the foregoing table were supplied by the District Medical Officers of Health.

CAUSES OF DEATH OF CHILDREN UNDER ONE YEAR OF AGE.

Causes of Death.	No. of Deaths.			Rate per 1000 Births—
	Urban Districts.	Rural Districts.	Administrative County.	Administrative County.
Infectious Diseases ...	25	—	25	4·25
Diarrhoeal Diseases ...	24	1	25	4·25
Wasting Diseases ...	182	20	202	34·32
Respiratory Diseases ...	84	12	96	16·31
Tubercular Diseases ...	2	—	2	·34
Other Causes	43	6	49	8·32
Totals ...	360	39	399	67·7

The number of deaths in the Administrative County from the following diseases was :—

Measles—all ages	19
Whooping Cough—all ages	25
Diarrhoea—under 2 years of age	32

GENERAL PROVISION OF HEALTH SERVICES FOR THE AREA.

LOCAL GOVERNMENT ACT, 1929.—Detailed information regarding the transferred Poor Law Institutions arising from the Survey of the Institutions within the Administrative County of Monmouth, and dealing more especially with the Institutional accommodation available for the sick inhabitants of the area was included in the Annual Report for the year 1930. The administration of this service is supervised by the County Medical Officer of Health.

Several of the suggestions and recommendations contained under this Heading in the 1930 Report have now been put into operation.

In the case of the Monmouth Poor Law Institution, these premises, with the exception of the Casual Wards, have now been closed and the inmates transferred to other Institutions in the County. Plans, etc., have been prepared, and the preliminary approval of the Board of Control obtained, with a view to converting this Institution into an Institution suitable for the accommodation of the mentally defectives which will be transferred from other Institutions as outlined in the special Survey Report and the County Medical Officer's Annual Report for 1930.

With regard to the Abergavenny Institution, these premises, with the exception of the Casual Wards, have been closed and the inmates removed to other Institutions in the County most suitable for their accommodation.

No official consultation has as yet taken place between the County Council and the representatives of the Voluntary Hospitals providing services in the County. This conference will, as already stated, take place as soon as the question of the mental deficients at Coedygric Institution is settled, and now that the Monmouth Institution is being prepared for the reception of this type of inmate, it can be reasonably expected that this matter will be discussed at an early date.

INSTITUTIONS MAINTAINED BY THE COUNTY COUNCIL UNDER THE POOR LAW ACT, 1930.

	Hill House, Monmouth.						Coedygric Institution Griffithstown						Hatherleigh Place, Abergavenny.						Regent House, Chepstow.						Cambria House, Caerleon.						Ty Bryn, Institution, Tredegar					
	Beds. Available.			Beds. Occupied.			Beds. Available.			Beds. Occupied.			Beds. Available.			Beds. Occupied.			Beds. Available.			Beds. Occupied.			Beds. Available.			Beds. Occupied.			Beds. Available.			Beds. Occupied.		
	M.	F.	Ch.	M.	F.	Ch.	M.	F.	Ch.	M.	F.	Ch.	M.	F.	Ch.	M.	F.	Ch.	M.	F.	Ch.	M.	F.	Ch.	M.	F.	Ch.	M.	F.	Ch.	M.	F.	Ch.	M.	F.	Ch.
1 Medical																			...	...	...	...	...	...	...	...	...	...	...	...						
2 Surgical	...	...	...	...	...	...	28	28	...	28	22	...	29	27	4	27	19	2	...	...	...	...	...	...	...	...	...	...	...	...	52	46	11	30	22	8
3 Chronic Sick ...																			42	25	...	42	24	...	...	...	...	...	...	...						
4 Children	...	...	...	...	...	...	...	...	6	...	...	4							...	...	9	...	...	5	...	...	...	...	...	...	...	...	8	...	...	5
5 Venereal ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
6 Tuberculosis ...	...	...	...	...	...	...	...	...	...	...	...	...	3	1	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
7 Isolation	...	...	...	...	...	...	...	...	...	...	...	...	2	...	...	...	...	...	3	3	...	2	...	...	...	...	...	...	...	...	6	16	...	4	...	...
8 Maternity ...	...	...	...	...	...	...	...	4	...	...	1	...	...	2	...	...	...	...	...	2	...	...	...	...	...	...	...	...	...	...	...	6	...	...	...	...
9 Mental	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	9	7	2
(a) Lunacy Act 1890	...	...	...	...	...	...	...	59	...	...	53	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
(i) Short Stay ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
(ii) Long Stay ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
(b) Mental Treatment Act, 1930	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
(i) Voluntary ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
(ii) Temporary ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
10 Mental Defectives	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
11 Other	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	32	6	...	27	...	...
Total	...	...	...	...	...	...	28	91	6	28	76	4	34	30	4	27	19	3	45	30	9	44	24	5	...	...	...	...	...	...	90	74	19	70	29	15

POOR LAW MEDICAL OUT RELIEF.

A table showing the medical out-relief districts in the Administrative County was included in the Report for the year 1930, and the districts remain unchanged. A decision has not yet been made in regard to the proposed re-organisation of out-relief districts.

The association of the Public Health Department with public assistance work continues to grow and much time is devoted to the provision of facilities for special medical out-relief.

The services of Mr. A. Rocyn Jones, F.R.C.S., Consultant Orthopædic Surgeon, have been retained for the examination of referred cases and in-patient treatment, when advised, is provided at the Prince of Wales Hospital, Cardiff.

Dental and defective vision cases are properly dealt with and examinations of patients for trusses, abdominal belts, etc., etc., are made by the County Medical Officer.

The County Ambulance is available for the transfer of medical and surgical cases to hospital, etc.

Consultations with Consultant Eye, Ear and Skin Specialists are arranged when necessary, also X-ray examinations of special cases.

The cases dealt with through the Health Department in the year 1932, were as follows:—

The 1931 figures are given for the purpose of comparison.

Nature of Case.	No. of cases dealt with.	
	1932.	1931.
Dental	63	32
Vision	122	70
Orthopædic	24	22
Trusses, Abdominal Belts	33	18
Miscellaneous Medical	29	12
Tuberculosis Cases	3	Nil
Examinations by County Medical Officer as to fitness for appointment as Nurses at Public Assistance Institutions	5	—
Number of cases removed to Hospital and Institutions by the M.C.C. Ambulance ...	28	18

INSTITUTIONAL PROVISION FOR THE CARE OF MENTAL DEFECTIVES.

During the year the re-examination and re-grading of the defectives upon the County register was completed.

The incidence of mental deficiency in the County is as follows :—

	Under 7 years.			7—16 years.			16—30 years.			Over 30 years.			Grand Totals.		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Idiots	2	1	3	3	6	9	6	4	10	1	2	3	12	13	25
Imbeciles	8	7	15	23	23	46	25	35	60	9	28	37	65	93	158
Low Grade Feeble-minded	1	...	1	9	4	13	24	42	66	13	37	50	47	83	130
Medium Grade Feeble-minded	...	...	...	...	...	...	42	52	94	9	20	29	51	72	123
High Grade Feeble-minded	...	...	...	...	...	...	77	38	115	14	5	19	91	43	134
Moral Defectives ...	...	...	...	2	3	5	2	3	5	...	...	...	4	6	10
Epileptic and Mentally Defective	...	...	...	...	...	...	6	7	13	7	9	16	13	17	30
Epileptic only	...	...	...	...	...	...	4	3	7	1	2	3	5	5	10
Totals	11	8	19	37	36	73	186	184	370	54	103	157	288	332	620

This table does not include the defectives who are at Certified Institutions, but it includes 16 males and 13 females who are detained at the County Mental Hospital.

There are also 18 male and 17 female cases over 16 years of age, referred by School Medical Inspectors, awaiting examination for classification.

Included in the statement of defectives are 11 male and 2 female cases which have been under institutional care and have been discharged with their condition improved.

There are three defectives under guardianship, two males and one female. One male and one female were transferred from guardianship to statutory supervision during the year, and one male and one female were removed from institutions and placed under guardianship.

Two male defectives are on extended leave of absence from institutions. One of these was removed to Abergavenny Mental Hospital.

The position in regard to the availability of institutional accommodation remains the same. Brentry Colony took all the male defectives over 18 years of age for which application was made and several vacancies were granted by Stoke Park Colony, although the latter refused some very low grade cases.

The admissions to Institutions during the year were as follows :—

	Males.	Females.
Brentry Colony	2	—
Coedygric Institution	—	5
Stoke Park Colony	3	3
Durran Hill R.C. Training School	1	—
Stourbridge Poor Law Institution	1	—
Totals	7	8

The Durran Hill Colony, Stourbridge Poor Law Institution, and two of the Stoke Park Colony cases were transfers of the responsibility for maintenance of the cases from the Public Assistance Committee to the Mental Deficiency Committee.

There is still very little progress to report in regard to the adaptation of Hill House Public Institution, Monmouth, for the reception of Mental Defectives. Plans have been prepared and preliminary approval of the scheme has been given by the Board of Control.

The following table shows the institutional accommodation available and in use at the end of the year for defectives from the Administrative County :—

Name of Institution.	Type of Defective.	No. of beds available. M.	F.	No. of beds occupied on 31/12/32 M.	F.	Total.	Present charge per head per week
Brentry, Bristol	All classes (males over 18).	46	...	47	...	47	24/-
Coedygric, Griffithstown	All classes (females over 16 years).	...	55	...	50	50	20/6
Etloe House, Leyton	F.M. Roman Catholic Girls (over 16 years).	as vacancies arise		...	1	1	17/-
House of Help, Bath.	Fallen F.M. Girls (Moral Defectives up to 26 years of age).	...	do.	...	2	2	15/-
Stoke Park Colony.	All classes under the Act (Under 16 years of age).	...	do.	10	18	28	22/2d. Low Grade. 18/8d. High Grade
Girls' Village Home, Barkingside.	All classes (female), Dr. Barnardo's Homes' cases.	...	do.	...	1	1	14/-
Caersws Certified Institution, Montgomeryshire.	All classes (females), under 14 years.	...	do.	...	2	2	23/4d.
Princess Christian Farm Colony, Hildenborough.	All classes (children).	...	do.	1	...	1	16/6d.
Besford Court, R.C.	Males 16-18 years.	...	do.	1	...	1	24/7d.
Barvin Park Institution	Males.	...	do.	1	...	1	34/6
Durran Hill R.C. Training Colony	All classes.	...	do.	...	1	1	17/-
Stourbridge Public Institution.	All classes.	...	do.	1	...	1	28/7
	Total	...	...	61	75	136	

The amount paid for institutional treatment during the year 1932, was £7,992. 4s. 0d.

PUBLIC HEALTH OFFICERS OF THE AUTHORITY.

COUNTY MEDICAL OFFICER OF HEALTH.

D. Rocyn Jones, C.B.E., M.B., Ch.M., D.P.H., J.P.

COUNTY BACTERIOLOGIST AND PATHOLOGIST.

Gwyn Rocyn Jones, B.A., M.B., B.Chir., M.R.C.S., L.R.C.P.

Henry W. Catto, M.B., B.S., D.P.H. (Resigned 30th June, 1932).

ASSISTANT COUNTY MEDICAL OFFICERS.

Mary Scott, M.B., Ch.B.

Philomene R. Whitaker, M.B., B.S., D.P.H.

Mary H. M. Gordon, M.B., Ch.B., D.P.H.

Annie Roberts, M.A., M.B., Ch.B., M.R.C.S., L.R.C.P., D.P.H.

Teresa M. O'Riordan, B.A., M.B., B.Ch., D.P.H.

William Bowen Owen, B.Sc., M.R.C.S., L.R.C.P., D.P.H.

Evelyn D. Owen, M.B., M.R.C.S., L.R.C.P., D.P.H.

William Panes, M.R.C.S., L.R.C.P., D.P.H.

William Rowland Nash, M.R.C.S., L.R.C.P., D.P.H.

Alice M. S. Dewar, M.B., Ch.B., D.P.H.

Bernard Leo MacQuillan, M.B., B.Ch., B.A.O., D.P.H.

COUNTY TUBERCULOSIS OFFICERS.

Frank Wells, M.R.C.S., L.R.C.P.,
(West Monmouthshsire Area) assisted by
S. H. Graham, M.B., T.D.D.

A. Carveth Johnson, M.A., M.B., B.Chir., M.R.C.S., L.R.C.P.
(East Monmouthshire Area) assisted by
F. W. Godby, M.D., B.Ch., D.P.H.

The Tuberculosis Officers are engaged by the Welsh National Memorial Association, with whom the County Council has contracted for treatment of their Tuberculosis cases.

VENEREAL DISEASES OFFICERS (Part time).

P. C. P. Ingram, M.B., B.S., M.R.C.S., L.R.C.P. (Men's Clinic).

Mary H. M. Gordon, M,B., Ch.B., D.P.H. (Women's Clinic).

All cases of Venereal Diseases are treated at the Royal Gwent Hospital, Newport, with whom the County Council has an agreement therefor.

MEDICAL OFFICERS FOR MATERNITY AND CHILD WELFARE.

All the Assistant County Medical Officers devote a part of their time to the work of Maternity and Child Welfare. In addition the following part time Officers are engaged:—

E. M. Griffith, M.D., Abercarn, Mon.
Guy W. Parry, M.R.C.S., L.R.C.P., Abergavenny.
R. J. S. Verity, L.S.A., L.M.S.S.A., Garndiffaith.
T. Baillie Smith, M.B., Ch.B., D.P.H., Abertillery.
T. L. Drapes, B.A., M.B., B.Chir., M.R.C.S., L.R.C.P., Chepstow.
J. Reynolds, M.B., B.Ch., B.A.O., Blaenavon.
F. M. Fonseca, L.A.H., F.R.C.S.I., D.P.H., Ebbw Vale.
W. H. Williams, B.A., M.R.C.S., L.R.C.P., Monmouth.
R. V. de Acton Redwood, F.R.C.S., L.R.C.P., Rhymney.
E. T. H. Davies, M.D., M.S., F.R.C.S., Tredegar.

MEDICAL SUPERINTENDENTS.

Poor Law Institutions.

(1) Whole time.

John G. Owen, B.Sc., M.B., M.R.C.S., L.R.C.P., D.P.H., Ty Bryn Institution, Tredegar.

(2) Part time.

H. L. S. Griffiths, M.R.C.S., L.R.C.P., Abergavenny Institution.
J. P. Jenkins, M.R.C.S., L.R.C.P., Coed-y-gric Institution, Griffithstown.
T. L. Drapes, B.A., M.B., B.Ch., M.R.C.S., L.R.C.P., Chepstow Institution.
A. M.M. Roberts, M.B., B.S., Ch.B., Cambria House Institution, Caerleon.
W. H. Williams, B.A., M.R.C.S., L.R.C.P., Monmouth Institution, Monmouth.

Mental Hospital, Abergavenny.

N. R. Phillips, M.D., M.R.C.S., L.R.C.P., Medical Superintendent.

CONSULTANTS.

Orthopædic Surgeon (Part Time):
A. Rocyn Jones, M.B., B.S. (Lond.), F.R.C.S. (Eng.).

Ophthalmic Surgeon (Part Time):

R. J. Coulter, M.B., F.R.C.S. (Irel.).

Ear, Nose and Throat Surgeon (Part Time):

J. A. Lee, M.B., F.R.C.S. (Edin.).

Radiologist (Part Time):

J. McGinn, F.R.C.S. (Irel.).

Obstetrician (Part Time):

G. I. Strachan, M.D., Ch.B., F.R.C.P., F.R.C.S. (Eng. and Edin.).

DENTAL SURGEONS.

C. J. Hurry Riches, L.D.S., R.C.S. (Part Time).
C. G. Saxon, L.D.S., R.C.S. (Whole Time).
Mair E. Minton, L.D.S., R.C.S. (Whole Time).
Eluned O. Jones, L.D.S. (Whole Time).
J. K. Noot, L.D.S., R.C.S. (Whole Time).

DISTRICT MEDICAL OFFICERS UNDER THE POOR LAW ACTS.

Name.	District.
Dr. D. W. Fryer,	Abergavenny.
,, W. H. Davies,	Llanarth.
,, J. Reynolds,	Blaenavon.
,, J. H. Verwey,	Nantyglo.
,, F. M. Fonseca,	Ebbw Vale.
,, J. McCaig,	Waunllwyd.
,, D. McIntosh,	Cwm.
,, J. G. Owen,	Tredegar.
,, R. V. de Acton Redwood,	Rhymney.
,, S. R. MacMillan,	New Tredegar.
,, L. C. Mascarenhas,	Abertysswg.
,, S. Simons,	Abertillery.
,, H. T. Evans,	Blackwood.
,, W. McKendrick,	Pengam.
,, W. H. Reynolds,	Argoed.
,, T. L. Drapes,	Tintern and Chepstow.
,, W. Farquharson,	Shirenewton.
,, G. Vaughan,	Caldicot.
,, W. M. Langdon,	Raglan.
,, A. M. Humphry,	Skenfrith.
,, W. Farquharson,	Trelleck.
,, P. G. Harvey,	Monmouth.
,, W. H. Williams,	Rockfield.
,, M. J. Ryan,	Abercarn (Upper).
Dr. E. M. Griffith,	Abercarn (Lower)
,, C. G. MacKay,	Mynyddislwyn.
,, G. R. Strong,	Magor.
,, Cecil E. P. Davies,	Bedwas.
,, G. E. Hull, Graig &	Rogerstone.
,, D. Macaulay,	Maesycwmmer.
,, A. M. M. Roberts,	Caerleon.
,, S. Hamilton,	Marshfield.
,, N. N. Wade,	Risca.
,, F. Carlton Jones,	Llantarnam.
,, H. C. Conwy Joyce,	St. Mellons.
,, W. M. James,	St. Woolos.
,, A. M. M. Roberts,	Christchurch.
,, H. A. Keane,	Newport (County).
,, J. P. J. Jenkins,	Griffithstown.
,, R. J. S. Verity,	Abersychan (North).
,, J. D. MacQuillan,	Abersychan Central and South (Part).
,, T. J. McAllen,	Abersychan South (Part).
,, E. L. M. Hackett,	Usk, etc.
,, T. J. Frost,	Llanhilleth.
,, A. M. Brooks,	Beaufort and Rassau.
,, A. H. Musgrove,	Dukestown.
,, R. V. de Acton Redwood.	Llechryd.

PUBLIC VACCINATORS.

Name.	District.
Dr. R. Glyn Morgan,	Christchurch.
,, C. E. P. Forsyth,	St. Woolos.
,, M. J. Ryan,	Abercarn (Upper).
,, E. M. Griffith,	Abercarn (Lower)
,, C. G. MacKay,	Mynyddislwyn. (Part).
,, G. R. Strong,	Magor.
,, C. P. Davies,	Bedwas.
,, G. E. Hull,	Graig & Rogerstone.
,, D. Macaulay,	Maesycwmmer.
,, A. M. M. Roberts,	Caerleon.
,, S. Hamilton,	Marshfield.
,, N. N. Wade,	Risca.
,, F. Carlton Jones,	Llantarnam.
,, H. A. Keane,	Malpas.
,, H. C. C. Joyce,	St. Mellons.
,, W. H. Williams,	Monmouth and Rockfield.
,, W. H. Williams,	Monmouth Poor Law Institution.
,, P. G. Harvey,	Trelleck.
,, W. M. Langdon,	Raglan.
,, A. M. Humphry,	Skenfrith.
,, T. L. Drapes,	Chepstow, Shirenewton and Tintern.
,, R. G. Vaughan,	Caldicot.
,, A. Brooks,	Beaufort.
,, A. M. Musgrove,	Dukestown and Llechryd.
,, A. M. Humphry,	Grosmont and Llangua.
,, J. Reynolds,	Blaenavon.
Dr. W. T. E. Blackmore,	Llanarth.
,, G. W. Parry,	Abergavenny.
,, H. L. S. Griffiths,	Abergavenny Poor Law Institution.
,, T. J. Frost,	Llanhilleth.
,, E. L. M. Hackett,	Usk.
,, J. P. J. Jenkins,	Coedygric Poor Law Institution and Panteg.
,, R. J. S. Verity,	Abersychan (N).
,, J. G. MacQuillan,	Abersychan (Central).
,, T. J. McAllen,	Pontypool.
,, J. H. Verwey,	Aberystruth (part)
,, F. M. Wallen,	Aberystruth (Part).
,, F. M. Fonseca,	Ebbw Vale (Part).
,, J. McCaig,	Ebbw Vale (Part).
,, T. L. Harrison,	Ebbw Vale (Part).
,, J. Owen,	Tredegar.
,, R. V. de Acton Redwood,	Rhymney.
,, S. R. Macmillan,	New Tredegar.
,, L. C. Mascarenhas,	Abertysswg.
,, S. Simons,	Abertillery.
,, W. H. Reynolds,	Argoed and Hollybush.
,, S. R. Macmillan,	Aberbargoed.
,, J. G. Owen,	Bedwellty Poor Law Institution, Tredegar.
,, D. Macaulay,	Blackwood.

VETERINARY SURGEONS (Part Time).

G. Digby Watkins, M.R.C.V.S., Tredegar.

W. H. Williams, M.R.C.V.S., Abergavenny.

E. Armstrong, M.R.C.V.S., Newport.

C. J. Pugh, M.R.C.V.S., Chepstow.

PUBLIC ANALYST.

G. Rudd Thompson, F.I.C., F.C.S., Newport.

COUNTY SANITARY INSPECTOR.

J. Jenkin Evans, A.R.S.I., M.S.I.A., Inspector of Meat and Other Foods.

INSPECTORS UNDER THE SALE OF FOOD AND DRUGS ACTS.

Gwyn C. Jenkins (Board of Trade Certificate).
T. R. Davies, ditto.
J. R. Gamble, ditto.
Each of the above Inspectors has an assistant.

VACCINATION OFFICERS.

Name.	District.
R. H. Green,	Caerleon & Trelleck.
A. Evans,	Rogerstone, Llantarnam, and St. Woolos.
E. Rowland,	Mynyddislwyn.
M. J. Farmer,	Monmouth.
D. Fraser,	Chepstow.
J. Morgan,	Blaenavon.
A. Phillips,	Abertillery, Ebbw Vale, Tredegar, Rhymney, Beaufort.
J. Jenkins,	Llanhilleth.
G. E. Coombe,	Abergavenny, Llanarth, Llanfihangel Crucorney.
A. E. M. Spencer,	Pontypool, Panteg.
H. C. Davies,	Usk.

INSPECTRESS OF MIDWIVES.

Mrs. M. Doré, C.M.B. (Resigned).

Dr. Mary Scott (M.B., Ch.B.) appointed Chief Inspectress of Midwives in 1932.

Nurses O. Griffiths, K. M. Walters and C. Davies have been appointed District Inspectresses of Midwives to which work they devote 2 days per week.

INSPECTRESS UNDER THE MENTAL DEFICIENCY ACTS for the Eastern portion of the County, After-care Sister (Orthopædic Scheme), and Infant Protection Officer.

Miss Olwen Griffiths, Special Training in After-Care Orthopædic Nursing and Mental Deficiency Work. Fever Hospital and General Training. C.M.B.

INSPECTRESS UNDER THE MENTAL DEFICIENCY ACTS for the Western portion of the County. Miss D. James, Full Hospital Training, C.M.B., and special training in Mental Deficiency work.

VENEREAL DISEASES INQUIRY OFFICER.

Miss E. M. Walters, Special Training in V.D. Work and General Hospital Training. C.M.B.

ORTHOPAEDIC CLINIC MASSEUSE AND SISTER-IN-CHARGE.

Miss Gwenyth Dudley Evans, Registered and Certificated in Massage and Medical Electricity, C.S.M.M.G.

MEDICAL OFFICERS IN CHARGE OF ANTE-NATAL CLINICS.

Mary Scott, M.B., Ch.B. (Part Time).
Philomene R. Whitaker, M.B., B.S., D.P.H. (Part Time).
Mary H. M. Gordon, M.B., Ch.B., D.P.H. (Part time).

SCHOOL MEDICAL OFFICERS.

All the Assistant County Medical Officers, with the exception of Dr. Mary Scott, devote a part of their time to the work of School Medical Inspection.

NURSING STAFF.

County Health Visitors:

T. M. Allan (Part time), Full Hospital Training. Sanitary Inspectors' Certificate.
D. L. Beacham, Full Hospital Training, C.M.B. Certificate.
O. Colman, ditto ditto
C. Davies, ditto ditto
R. Davies, ditto ditto
G. I. Golding, ditto ditto
M. C. Golding, Full Hospital Training, C.M.B. Certificate and Health Visitors' Certificate.
E. M. Harris, ditto ditto
A. W. Hopkins, Full Hospital Training and C.M.B. Certificate.
D. James, ditto ditto
M. B. James, ditto ditto
I. E. Jones, ditto ditto
K. H. Jones, Full Hospital Training, C.M.B. Certificate and Health Visitors' Certificate.
H. M. Jones, ditto ditto
K. M. Jones, Full Hospital Training and C.M.B. Certificate.
W. Jones, ditto ditto
C. M. Lloyd, Full Hospital Training, C.M.B. Certificate and Health Visitors Certificate.
E. Lord, Full Hospital Training and C.M.B. Certificate.
E. L. Lowery, Full Hospital Training, C.M.B. Certificate and Health Visitors' Certificate.
E. M. Mansell, ditto ditto
E. A. Morgan, Full Hospital Training and C.M.B. Certificate.
H. A. Morgan, ditto ditto
C. M. Phillips, ditto ditto
M. Redwood, ditto ditto
H. B. Richards, ditto ditto

A. Roberts, Full Hospital Training.
M. Sainsbury, Full Hospital Training and C.M.B. Certificate.
D. E. Seale, Full Hospital Training, C.M.B. Certificate and Health Visitors' Certificate.
C. Thomas, ditto ditto
L. Turner, Full Hospital Training and C.M.B. Certificate.
K. M. Walters, ditto ditto
M. Ware, ditto ditto
G. M. Watkins, General Hospital Training, C.M.B. Certificate and Health Visitors' Certificate.
F. Williams, Full Hospital Training and C.M.B. Certificate.
E. G. Wilmot, ditto ditto
C. I. Hiley, ditto ditto
K. Webb, ditto ditto

NURSING IN THE HOME.

No arrangements for home nursing are made by the County Council.

There are Nursing Associations in the following districts, which maintain nurses by voluntary subscriptions :—

Newbridge	Devauden	Llantilio Pertholey
Tredegar.	Risca	Crosskeys
Panteg	Ebbw Vale	Cwm
Aberbargoed	Abersychan	Rhymney
Goytrey	Abergavenny	Christchurch
Llanfrechfa Lower	Llanover	Usk
Llantilio Crossenny	Llangattock-vibon-avel	Blackwood
Pontypool	Abercarn	Caerleon
Monmouth	Trelleck	Tintern

General and tuberculosis nursing is undertaken, with the addition of midwifery in some districts.

The home nursing of infectious diseases is not carried out in any district of the County as a general practice, but has been resorted to in exceptional circumstances.

LABORATORY FACILITIES.

Facilities are offered to all medical practitioners in the County for bacteriological examinations at the County Laboratory, County Hall, Newport, and the services of the Pathologist and Bacteriologist are available for assistance which may be required in the diagnosis of disease. These facilities have been of great assistance to the practitioners of the County and the benefits offered have been made use of to the fullest extent. The following table shows the number

of specimens examined at the Public Health Laboratory during the year 1932 and also in the year 1931. The majority of the sputum tests were conducted for the Welsh National Memorial Association, whilst Venereal Diseases specimens, for the most part, came through the Treatment Centre at the Royal Gwent Hospital, Newport.

Table showing nature of specimens submitted for examination and the results thereof :—

Nature of Specimen.	No. Examined.		No. Positive.		No. Negative.	
	1931	1932	1931	1932	1931	1932
Wassermann Test for Syphilis	1929	2117	827	797	1102	1320
Smears and Urines for Gonococcus ...	2027	1808	341	275	1686	1533
Serum for Spironema Pallidum	61	94	25	35	36	59
Sputa for Tuberculosis, etc.—						
For Tuberculosis Physicians ...	1865	1781	390	436	1475	1345
County Cases	451	498	74	61	377	437
Concentration Methods	10	4	...	...	...	...
Mixed Infections	18	4	...	...	...	...
Throat and Nasal Swabs for Diphtheria ..	4538	9648	389	1017	4149	8631
Widals	64	61	6	3	58	58
Hairs for Ringworm	49	37	21	7	28	30
Blood Films and Counts	87	112	...	...	...	...
Autopsies	16	21	...	...	...	...
Tissues for Section	105	119	...	...	...	...
Urines for Chemical Examination, etc. ..	429	395	...	...	...	...
Pus	91	131	...	...	...	...
Effusions	19	32	...	...	...	...
Vaccines	41	39	...	...	...	...
Waters	57	45	...	...	...	...
Milks	416	347	...	...	...	...
Cerebro-Spinal Fluids	77	79	...	...	...	...
Miscellaneous	541	526	...	...	...	...
Total	12891	17898	...	...	...	...

The County Pathologist reports that :—

" The total number of specimens examined in the County Laboratory during the year 1932 shows an increase of 5,013, as compared with the year 1931. This is accounted for by the number of Diphtheria Swabs which had to be examined in the outbreaks of Diphtheria at Argoed and Abergavenny in November and December.

Under the Venereal Group, the number of exudates from sores yielding a positive result for the Spironema Pallidum is 35, as compared with 25 for 1931.

Of these 35 cases, 31 were males and 4 were females. In view of the fact that only two of the males seem to come under the category of Port Examination, there appears to be some increase in the incidence of the disease in the County including the County Borough of Newport, as evidenced by these results.

The figures for gonorrhœal specimens show a slight improvement on those of the year 1931. There was a smaller number of specimens examined and a corresponding decrease in the number of positive findings.

Pulmonary Tuberculosis, it is regrettable to note, continues its ravages. About the same number of specimens have been submitted for examination in 1932 as in 1931, but there is some increase in the number of positive results.

As regards Diphtheria, during 1932, the notifications were 478, as compared with 455 in 1931 and 531 in 1930, a slight increase in the incidence of the disease compared with last year.

MILK.—The Milk examinations were continued during 1932, the object of the investigations being not so much as to determine the quality of the milk in regard to its chemical composition—a line of work which properly belongs to the County Analyst's Department, and which is dealt with under the Sale of Food and Drugs Acts—but to ascertain by bacteriological methods the degree of cleanliness and wholesomeness of the milk at the time of its being sold to the consumer.

The examinations undertaken in the case of each sample have been :—

1. The enumeration of the total number of bacteria.
2. The estimation of the B. Coli content.
3. The microscopical examination of the centrifugalised deposit for the detection of starch granules, gross particles of dirt, pus, blood, etc.
4. The microscopical examination of the cream and centrifugalised deposit for Tubercle Bacilli.
5. Cultural examination for Diphtheria, Typhoid, Paratyphoid, and Dysentery bacilli.
6. Guinea pig inoculations for the detection of B. Tuberculosis.
7. In addition, the common antiseptics were always tested for qualitatively, as naturally the presence of any of these bodies would have had an influence on the bacterioscopic picture. These were never found.

Of the 347 samples of milk examined in the County Laboratory 211 belong to this research, a slightly smaller number than in the year 1931, *viz.*, 217. From the results obtained these 211 milks can be classified as follows:—

1. Those which conform to the standard laid down by the Ministry of Health for " Certified Milks " 31

2. Those which conform to the standard laid down for Grade " A " Milks 88

3. Those which conform to the standard laid down for " Grade A " milk as regards the total number of bacteria but contain B.Coli in 1/100cc though not in less 25
(This group would constitute borderline cases).

4. Those which are unsatisfactory in that they possess a high bacterial content (this in several cases numbering many millions), but are satisfactory in respect of their B.Coli content 27

5. Those which are unsatisfactory because of the high B.Coli content, though not containing more than 200,000 bacteria per cc 7

6. Those which are unsatisfactory on account of the high bacterial content as well as a high B.Coli content 33

Therefore, of the 211 samples of mixed milk as retailed to the consumer, 119, or approximately 56 per cent. were of a satisfactory standard of bacteriological purity; 25, or approximately 12 per cent. formed a borderline group, whilst 67, or approximately 32 per cent. were frankly unsatisfactory.

The number of milk samples showing a satisfactory standard of purity continues to increase, and this is to be attributed to the causes already stated, *viz.*, the fact that the production of " Grade A" and " Grade A " (Tuberculin Tested) Milk by some of the vendors is setting up a competition which is all for the good of the public, and also to the wise policy which this Department has now been following for some years, *viz.*, of having periodical milk samples collected from certain districts in the County. There is, however, a slight increase in the number of unsatisfactory milks, while the borderline group is much reduced.

In no instance were the bacilli of Diphtheria, Typhoid, Paratyphoid or Dysentery isolated, whilst with respect to the bacillus Tuberculosis, this was discovered on 4 occasions by means of the animal inoculation test. The farms implicated were visited by the County Sanitary Inspector, County Veterinary Surgeon and officials of the Local Authority, and the animals in each instance identified, removed from the herd, and dealt with satisfactorily.

It will be observed that the number of milks for this research is smaller than the number for the year 1931, 211 as compared with 217, but this is accounted for by the fact that these milk examinations had to be discontinued in November and December in order that the outbreaks of Diphtheria in Argoed and Abergavenny might be fully investigated. The same number of Farms were visited in the year 1932 as in the year 1931 in connection with the special investigations necessitated for the detection of Tubercle Bacilli in samples of milk collected by outside authorities, *e.g.*, Cardiff.

The need for increased accommodation for small animals at the County Laboratory, has already been commented upon in last year's report, and this matter may have to be taken up by the Council fairly soon, inasmuch as it is becoming apparent that farmers as a whole are realising the advantages of keeping " Tubercle free " Herds, while local Authorities are taking greater interest in the quality of the milk sold in their areas and in the question of ensuring that such milk shall be free from harmful bacteria.

The County Laboratory also undertakes on behalf of the Ministry of Health the monthly examination of samples sold under the designation of " Certified" and " Grade A " (Tuberculin Tested), for which the Ministry pay the Council the recognised statutory fee. In addition, the County Council itself has the control of the sale of " Grade A " milk, in connection with which samples are likewise examined periodically.

Of the autopsies, ten were performed on miners who had died directly as the result of Silicosis of the lungs, and who had been employed for long periods on hard ground boring—three occurred at Blackwood, two at Argoed, one at Crumlin, one at Aberbeeg, one at Hollybush, one at Pontypool, and one at Caerphilly. There was one case of Silicosis in a stonemason; this occurred at Pentwynmawr. None showed evidence of Tuberculosis. The question of Silicosis continues to engage the earnest attention of the Government Mines Department, the Colliery Owners, and the Miners' Organisations, who are doing their utmost to introduce safeguarding devices (such as special respirators, dust traps, etc.), with a view to protecting their workmen and so mitigating as far as possible the evil consequences of working on ground containing a high percentage of Silica.

Of the 119 tissues for section, 34 are grouped as malignant growths, 26 were cancers of various regions of the body, such as breast, uterus, intestine, skin, etc., and 6 were sarcomas, 1 Giant Cell Tumour, and 1 Rodent Ulcer.

Under the heading " Miscellaneous " are included specimens of :—

Blood for Urea Estimations.
Faeces.
Secretions from eye.
Blood Cultures.
Blood for Sugar content.
Vomits and Gastric contents.
Cystic and other Fluids, etc.
Van den Bergh test, etc., etc.

This group also includes experiments carried out on animals under 39 and 40 Vic. Cap. 77, Certificates A1, licence for which has been granted to me by the Home Secretary. The experiments consisted mostly of inoculations for the detection of B. Tuberculosis, Virulence Tests for Diphtheria, identification of organisms, etc., and were reported to the Home Secretary on the 31st December, 1932.

LEGISLATION IN FORCE.

The legislation in force is as stated in the Report for the year 1930.

HOSPITALS.

Full details of the Hospital Services, Public and Voluntary, has already been given in the Survey Report for 1930. No change of any note has taken place since that year, but minor alterations and increased accommodation has been effected in certain of the Hospitals.

AMBULANCE FACILITIES.

(a) For infectious cases :—

The County Council has an Ambulance which was used chiefly during the year for the purpose of removing Public Assistance cases to Hospitals and Institutions, and also for the removal of special cases of infectious disease.

The Newport Borough Ambulance is available for the County cases which are admitted to the Borough Isolation Hospital. Ambulances are in use at the Isolation Hospitals of the Bedwellty, Tredegar and and Monmouth Urban District Councils.

(b) For non-infectious and accident cases :—

The Collieries at Ebbw Vale, Six Bells, Cwmtillery, Tredegar, Cwmbran, Oakdale and the Rhymney Valley have ambulances which are used for colliery accident cases and under certain arrangements for the transport to hospital of dependants of the workers.

Motor Ambulances are also available at the District General Hospitals, while at Monmouth there is a town ambulance available through the generosity of the local division of the British Red Cross Society.

There is a motor ambulance, the property of the Bedwas and Machen Urban District Council, which is kept for general use in that district.

The motor ambulance of the Joint Committee of the Order of St. John and the British Red Cross Society, which is kept at Crosskeys is available for use anywhere in the County for non-infectious and accident cases.

CLINICS AND TREATMENT CENTRES.

The County Council has established 43 Maternity and Child Welfare Centres in the County and 16 Ante-Natal Clinics. Full details are given in the County Maternity and Child Welfare Report.

The County Education Committee has provided 10 School Clinics, details of which are set out in the School Medical Inspection Report.

There are no day nurseries in the County.

The Tuberculosis Visiting Stations are detailed later in this Report.

There is one Treatment Centre for Venereal Diseases—at the Royal Gwent Hospital, Newport, details of which will be found later in this Report.

The County Council has established three Clinics for the treatment of Orthopædic cases, one at Newport, one at Pengam, and one at Crumlin. The Central Orthopædic Clinic is at Newport, at which massage, electrical treatment, and remedial exercises are given.

MIDWIVES.

The number of Midwives upon the County Roll at the 31st December, 1932, was 243. Full particulars are given in the County Maternity and Child Welfare Report for the year 1932.

MATERNAL MORTALITY.

In the Annual Report of the Chief Medical Officer of the Ministry of Health for the year 1931, it is pointed out that since the beginning of the present century the general death rate has been reduced by one-third. The tuberculosis mortality by one-third and the infant mortality by one half, but the maternal mortality has remained stationary.

A Committee consisting wholly of representative medical persons has been considering this question for four years and their final report has now been published.

The Committee came to the conclusion that approximately one half of maternal deaths can be prevented. When they came to explore to what the excess of deaths was due they found four chief " primary avoidable factors."

First they placed lack of ante-natal care. This was estimated to have caused the death of the mother in about 33 per cent. of the preventable cases.

Secondly, the Committee found that 42 per cent. of the preventable deaths were due to what they described as " errors of judgment on the part of the doctor or midwife."

The third primarily avoidable factor, deemed to be answerable for 17 per cent. of the preventable deaths, was negligence of the patient herself, or of her friends.

Lastly, it was found that in 8 per cent. of these preventable deaths there was at the moment of childbirth a serious lack of necessary facilities, *i.e.*, no doctor or midwife, competent assistance or a hospital bed were available.

The average maternal mortality rate in England and Wales for the ten years 1922-31 was 4 per thousand. The average rate for this County during that period was 4·92. For the year 1932, the County rate was 5·60 and the rate for England and Wales 4·24.

The following extract from Sir George Newman's report is highly important :—

" What seems mostly to be required is to make available higher skill of doctors and midwives and to ensure more willing and enlightened mothers, as these are obviously the primary needs. But a definite responsibility has been placed upon the local authority in regard to the general health of girls and women and in regard to the provision of facilities for the ante-natal supervision of the pregnant women."

Further particulars respecting Maternal Mortality will be found in the County Maternity and Child Welfare Report.

HEALTH VISITING.

This matter is dealt with fully in the County Maternity and Child Welfare Annual Report for 1932.

CHILDREN ACT, 1908.

Particulars regarding this work will also be found in the County Maternity and Child Welfare Report for 1932.

ORTHOPAEDIC TREATMENT.

Full details of the scheme in operation for the treatment of School children will be found in the County Education Annual Report for the year 1932. The treatment of children under the age of 5 years is dealt with in the County Maternity and Child Welfare Annual Report for the year 1932.

The orthopædic treatment facilities have been extended to adult cases, and arrangements have been made for the attendance of Mr. A. Rocyn Jones, F.R.C.S., at the Central Orthopædic Clinic, Newport, one day per month, where cases are examined by him. Visits to special cases are also made when requested.

The services of the specialist are also available for Public Assistance cases.

The cost of hospital treatment is recovered from patients according to a scale which has been made by the County Council.

HOSTEL FOR UNMARRIED MOTHERS.

The Maternity Home and Hostel at Nantyderry continues its good work. There are 12 beds at the Institution, and the number of girls admitted during the year was 12, the average duration of stay being 93·1 days. Nine babies were born. The total number of inmates during the year (including those who were admitted in the previous year) was 14 girls and 10 babies.

Eleven girls were discharged, of whom 5 were found situations, 4 went to relatives and 2 to Homes. Of the babies discharged, 6 were with their grandmothers, one went to a Home and 2 were adopted.

Of the 14 girls resident in the Hostel during the year, 2 were from the Borough of Newport, 10 from the County of Monmouth, 1 from Glamorganshire and one from Herefordshire.

The object of the Hostel is to make provision during pregnancy and confinement for unmarried women who have borne good characters, but were expecting a first baby, thus giving them the chance of privacy which they could not secure in a public institution and enabling them to preserve their self respect.

Generally, the girls are admitted one month before their confinement and remain for six months after the birth of the child. As far as possible the mother and child are not separated for at least the first six months of the infant's life.

During their stay at the Hostel the mothers are trained to undertake some useful work when they leave and arrangements are made when necessary for the boarding out of the baby.

The work at Nantyderry is carried out economically and on practical lines and the results justify the vast amount of time given to it by the Committee and the Honorary Secretary, Lady Mather Jackson.

MATERNITY AND NURSING HOMES.

The Nursing Homes Registration Act, 1927, came into operation on the 1st July, 1928. This act repeals certain parts of the Midwives and Maternity Homes Act, 1926, which came into operation on the 1st January, 1927. The new Act provides for the Registration and the inspection of Nursing Homes, and the making of Bye-Laws. The County Council is the supervising Authority under the Act, and during the year 1932, six applications for registration were received. The following schedule is submitted in accordance with the Circular received from the Ministry of Health :—

No. of applications for registration	6
No. of Homes registered	6
No. of orders made refusing or cancelling registration	Nil
No. of appeals against such Orders	Nil
No. of cases in which such Orders have been :—	
(a) Confirmed on appeal, and	Nil
(b) Disallowed	Nil
No. of applications for exemption from registration ...	6
No. of cases in which exemption has been—	
(a) Granted	6
(b) Withdrawn	Nil
(c) Refused	Nil

The Homes Registered are situated as follows :—One at Tredegar (Maternity and Nursing), one at Nantyderry (Maternity), one at Tref-ap-Gwilym, Cardiff Road, Newport (Maternity), one at Abergavenny (Maternity), one at Highfield, Bassaleg (Nursing), and one at Hereford Road, Abergavenny (Maternity).

Bye-Laws have been made by the County Council in respect of Nursing Homes, and these were allowed by the Minister of Health in November, 1928. The Bye-Laws deal with the keeping of Registers under the Act, the notification of infectious diseases and the notification of births and deaths at the Institutions.

The Act provides for exemption of certain Hospitals and Institutions, but the exemption shall only remain in force for one year from the date on which it is granted. Exemptions were granted during the year 1932 in respect of the following Hospitals :—

Monmouth Hospital, Monmouth; Tredegar Park Cottage Hospital; Ebbw Vale and District Voluntary Hospital. Pontypool and District Hospital, Cefnila Convalescent Home, Usk; and the Ebbw Vale Hospital.

Powers of inspection are granted to the County Medical Officer, and are carried out. Dr. Mary Scott has been appointed Inspectress of these Maternity and Nursing Homes.

There were no applications made to the County Council for the delegation of their powers to a District Council under Section 9 (2) of the Act of 1927.

SANITARY CIRCUMSTANCES OF THE AREA.

WATER SUPPLY.

From the accompanying table it will be seen that the rainfall for the year 1932 was above that for the year 1931. There was no necessity to curtail the water supply in any of the districts of the County.

The Medical Officer of Health for the St. Mellons Rural District reports that the water supplies of the District are obtained from The Newport Corporation Supply, a Reservoir at Castleton, the Cardiff City Water Supply, small reservoirs provided by land owners, *e.g.*, Tredegar Estate, and for a few isolated farms and houses, wells and springs. The populous centres of the area are now provided with an adequate and satisfactory piped water supply, since the completion of the new water supply scheme referred to in previous annual reports to serve the parishes of Rumney and St. Mellons, and the provision of a supplementary supply from the service reservoir at Michaelstone-y-vedw, for the District Council's Reservoir at Castleton, which serves the parishes of Marshfield, St. Brides and Peterstone. In the parishes of Henllys, Bettws and Michaelstone-y-vedw the principal supplies are from springs and wells in the vicinity of the houses. In some instances, a piped supply is obtained from adjacent water mains.

Regarding the Magor Rural District, the water supply may now be regarded as satisfactory as regards both quality and quantity. Some residents near the new water mains have failed to have the water laid on to their premises. The Council continues to bring pressure on these ratepayers. Samples have been taken for analysis from wells, and where the reports were unfavourable the users of these wells have connected up with the new mains. No analysis of water from the pipes has been made. Tenders have been accepted for further extension of the water mains in the parishes of Nash and Goldcliffe and the work will be proceeded with immediately. There are considerable milk producers and dairies on these extensions and a better water supply is very necessary. There were complaints during the year of an insufficient supply from the water pipes in several places in Magor and Redwick. This was due to deposit inside the supply pipes from the very hard water. The source of this water is the Severn Tunnel Pumping Station at Sudbrook (G.W.Railway).

RAINFALL.

Appended is a table giving the comparative rainfalls between various localities in the County during the year under review, and also for a series of past years.

Name of place at which records were taken.	1914	1915	1916	1917	1918	1919	1920	1921	1922	1923	1924	1925	1926	1927	1928	1929	1930	1931	1932
Abergavenny ...	47'03	43'42	37'92	33'35	37'28	31'04	47·87	23·79	33·19	40·37	49·17	41·50	35·22	43·48	43·09	46·47	46·07	—	39·10
Abersychan, Glansychan House ...	69'95	57'6	63·85	52'38	56'93	51'84	69·10	38·98	56·47	63·37	70·40	60·54	53·93	67·86	64·44	62·83	66·69	58·51	61·32
Abertillery ...	72'26	56'73	63'24	52'91	58'79	49'1	71·24	40·99	52·47	55·75	71·19	60·79	54·67	63·82	62·87	62·96	67·37	62·75	63·70
Chepstow, The Cedars	40'92	35'81	46'07	32'81	36'9	37.54	42·12	23·55	37·85	35·85	49·28	38·00	35·31	44·00	44·55	40·42	Not	taken	Not taken
Cwmcarn (Twyncarn House)	—	—	—	—	—	47'4	64·15	33'91	49·16	51·83	67·58	52·39	45·30	56·99	56·99	58·92	62·13	54·56	53·93
Ebbw Vale ...	71'65	59'54	63'10	50'02	61'69	48'84	75·21	43·11	54·51	53·17	68·36	56·49	52·71	65·85	72·55	76·30	72·85	65·92	73·67
Henllys, Pantyreos Reservoir ...	62'41	52'62	59'85	46'59	59'74	50'02	63·93	37·57	55·64	58·26	74·91	55·56	51·20	63·07	69·42	65·10	64·46	58·26	59·19
Little Mill, nr. Pontypool ...	46'29	42'88	54'79	39'23	40·06	44·9	46·26	25·94	27·42	50·21	50·24	50·25	36·0	43·46	43·007	43·48	50·24	—	—
Ynysyfro nr. Newport ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	46·67	40·90	42·59	38·42	40·32
Nantyprydd do. ..	—	—	—	—	—	—	—	—	—	—	—	—	—	—	51·70	48·04	46·63	43·38	45·07
Pontypool, Snatchwood Park ...	62'07	57'59	61'64	51'33	56'68	51'84	69·10	37·57	57·83	63·42	72·62	60·21	56·53	69·08	Not	taken	Not	taken	Not taken
Tredegar, Redesdale House ...	61'51	51'4	47·01	41'95	50'44	40'8	51·70	27·49	45·82	60·73	65·67	57·02	52·45	62·86	59·08	54·83	63·21	56·79	49·39
Wentwood, Newchurch Gathering Ground	48'64	42'37	47'38	40'07	47·6	43·26	49·85	29·33	47·22	45·04	62·26	47·34	44·29	53·83	54·04	50·03	49·41	43·88	46·09
Wentwood Reservoir Llanvaches ...	42'32	37'55	44'50	37'22	43.67	41'14	46·13	25·71	42·52	41·88	57·16	41·47	39·32	46·24	46·41	44·41	42·50	40·25	42·44

Further samples of water have been taken in the Monmouth Rural District during the year for the purpose of improving, if possible the supplies to the various villages. Regarding the village of Llanishen the present well supply still proves to be unsatisfactory, and the suggested arrangement for a supply from the adjoining Rural District of Chepstow has not been agreed upon. A new scheme is now being investigated, the water being obtained from a well which has been proved satisfactory upon bacteriological examination. This water will be pumped by an automatic ram into delivery mains, and it is expected will be sufficient to meet the needs of the whole village. It is understood that application will be made to the Ministry of Health for sanction to proceed with this scheme.

The scheme of the Chepstow Rural District Council for the supply of water to Devauden and the surrounding high level districts which was completed last year is proving in every way satisfactory.

In Abergavenny Rural District the question of the water supply to a certain portion of the village of Govilon and parts of the surrounding neighbourhood, which includes Pwlldu, is still under consideration. Numerous samples of water have been taken from small springs, but in most instances these have proved unsatisfactory. The Abergavenny Rural District Council have now approached the Abertillery and District Water Board in the hope of being able to arrange for the supply of water to this area. If suitable terms can be arranged with the Board, the difficulty would be solved. The village of Llanfoist, in the same Rural District is now being supplied with water from the mains of the Newport Corporation and not from the Abergavenny Borough supply as previously.

Generally, the Rural District Councils pay strict attention to the water supplies of their districts. This attention is showing itself in the improved bacteriological condition of the supplies. Samples of water are periodically taken for analysis. Arrangements are made with the Laboratory by the District Sanitary Inspectors, and the samples are examined by the County Pathologist. Samples are also collected by the County Sanitary Inspector. Water supplies found to be polluted are investigated and usually the cause of pollution is removed.

Regarding the Ebbw Vale and Tredegar Urban Districts, there has been no change in the method of supply since last year.

The Abertillery and District Water Board, which supplies the urban districts of Abertillery, Abercarn, Risca and Mynyddislwyn, had a more than adequate supply of water during 1932. No new work of any importance was carried out by the Board during the year, but it is hoped in the future, if the Government resume grants to relieve unemployment, to lay several miles of new mains to improve the distribution of water in the Board's area of supply. Con-

sumption of water is still increasing mainly through the establishment of further Pithead Baths at the various collieries. It is also found that the various recreation grounds, bowling greens, etc., provided under the Miners' Welfare Scheme use a great deal of water during the summer months.

Regarding the area supplied by the Rhymney Valley Water Board, the rainfall for the year 1932, as recorded at the Rhymney Bridge Reservoir, was 68·74 inches. Though the rainfall for the first Quarter was 18·54 inches and includes 3·15 inches which fell on the 9th January, the period from the 17th January to the 21st March was exceptionally dry, the total being only 1·63 inches. The water supplies were fully maintained throughout the area, but during the dry period referred to above the local supplies were so diminished that it was necessary to take water from the Taf Fechan Supply Board in excess of the daily minimum of 1,750,000 gallons. The total excess taken for the first quarter of the year was 48,266,000 gallons. The rainfall for the remainder of the year was evenly distributed and the excess quantity taken from the Taf Fechan Supply Board was only 6,718,000 gallons. A chlorinating plant was installed in connection with the Rhymney Bridge Supply. The plant, however, is only worked occasionally and chiefly as a precaution during heavy rain following upon a drought. The Deri Reservoir, which supplies Deri and the high levels of Bargoed and Aberbargoed, became damaged through subsidence, but the repairs have proved effective to date. Extensive repairs were also carried out to the Watford Service Reservoir, Caerphilly. Where complaints have been received of intermittent supplies these have invariably been traced to defective and encrusted supply pipes and usually a joint pipe supplying a number of houses. The Board insist that separate supply pipes be laid and a large number of such pipes were laid during the year with a consequent improved water supply. Arrangements have been made with the Committee of the Cardiff and County Public Health Laboratory for an increased number of samples of water to be analysed annually, and the Board appreciate the most favourable terms arranged and the assistance always most readily given by Mr. Sugden the chief Chemist and Bacteriologist and his staff.

The Medical Officer of Health to the Blaenavon Urban District reports that—"there were no important extensions of the public water supplies during the year. The quality of the water supplied was generally satisfactory and on the whole there was little cause for complaint. The only trouble experienced in this respect was during the end of August, when complaints were received regarding the condition of the water supplied by the Abertillery Water Board to a part of the West Ward of the district. This water for a period of about a week was unfit for drinking purposes, being badly discoloured and containing much sediment. Upon investigations being made it was ascertained that the condition of the water was the result of an exceptionally severe thunderstorm which caused extensive damage at the waterworks. However, the matter was soon rectified and upon a series of samples being taken and submitted for analysis, they

were found to be satisfactory. To ensure the purity of the water supply being maintained, I consider it essential that efficient means of filtration be provided at No. 1 Reservoir, Edmunds' Tank, and the Bunkers Tank, the present method of filtration at No. 1 Reservoir being unsatisfactory while the water from Edmunds' and the Bunkers Tanks is delivered to consumers unfiltered. The following is a summary of the analysis of the water samples taken during the year :—

Brankley's Spout	30/5/32 ...	Satisfactory
No. 2 Reservoir (Filtered) ...	30/5/32 ...	Satisfactory
No. 1 Reservoir (Filtered) ...	30/5/32 ...	Satisfactory
Abertillery Water Board Supply (Unfiltered)	30/5/32 ...	Satisfactory
Bunkers' Tank (Unfiltered) ...	30/5/32 ...	Suspicious
Edmunds' Tank (Unfiltered) ...	30/5/32 ...	Suspicious
Abertillery Water Board Supply	2/9/32 ...	Polluted
No. 2 Reservoir (Filtered) ...	13/12/32 ...	Satisfactory
No. 1 Reservoir (Filtered) ...	13/12/32 ...	Satisfactory
Bunker's Tank (Unfiltered) ...	13/12/32 ...	Satisfactory
Edmund's Tank (Unfiltered) ...	13/12/32 ...	Satisfactory
Abertillery Water Board Supply	13/12/32 ...	Satisfactory

The quantity of water supplied throughout the year was again generally satisfactory, and it was not found necessary to curtail supplies to any appreciable extent, to any part of the district at any period of the year. Whilst dealing with the water supply I wish to comment upon the improved conditions at the waterworks both from a cleanliness and structural standpoint, and I wish to compliment your surveyor (Mr. G. C. E. Thomas) for the interest he has taken in this respect,"

DRAINAGE AND SEWERAGE.

The Western Valleys (Monmouthshire) Sewerage Board deals with the sewerage of eight urban districts, namely, Abertillery, Ebbw Vale, Tredegar, Nantyglo and Blaina, Risca, Abercarn, Bedwellty, and Mynyddislwyn, together with a portion of the St. Mellons Rural District. The scheme includes trunk sewers over 50 miles in length with about 150 miles of subsidiary sewers, the sewerage being conveyed from the head of the Sirhowy and Ebbw Valleys down to a storage sewer near Bassaleg, from whence the sewage is discharged into the Bristol Channel near St. Brides, Wentloog. The scheme has proved very successful in conveying and disposal of the sewage from the above areas. The chief trouble experienced in the working of the scheme is damage through colliery subsidence and land movements, and it is necessary to keep a staff of men to keep the sewer in repair. A length of sewer near Ebbw Vale over 500 yards in length had to be put in during the past year at a cost of about £1,600. This, however, is by far the most expensive outlay since the construction of the

scheme. At the present time no further expense of any moment is in sight and only general repairs seems likely for some time.

The whole of the areas of Rhymney, Bedwellty, Mynyddislwyn, Bedwas and Machen, Gellygaer and Caerphilly now drain into the Rhymney Valley Main Trunk Sewer, with the exception of New Tredegar in the Bedwellty Area and Tirphil and a portion of Hengoed and Ystrad Mynach in the Gelligaer Area. Subsidiary sewer schemes are being prepared for the areas referred to. The Caerphilly Council carried out a scheme of surface water drains during the year, with the view to the exclusion of surface water from the sewers which drain into the Main Trunk Sewer. No damage was caused to the Trunk Sewer through subsidence, but where the sewer abuts the River Rhymney extensive protection works were carried out as through siltation the course of the river was diverted in several places, whilst in many instances the land in which the sewer is laid was under water following heavy rainfall. During the year, the Board, after an inspection, complained to the Colliery Companies of the manner in which colliery refuse was deposited abutting the river and its tributaries and as a result there has been an improvement in this respect. In some instances as a result of complaint, walls have been erected at the foot of the refuse tips, whilst in others tipping has been discontinued. Unfortunately, however, there are disused colliery refuse tips abutting the river and with each flood a portion is carried into the river, causing siltation, particularly in the lower levels. The foreshore of the Bristol Channel, in which the Outfall Sewer is laid, is a foot or so lower than when the sewer was constructed and as the piles projected to this extent these were sawn to foreshore level.

The scheme for the construction of a trunk sewer main to serve the Llantarnam and Llanfrechfa Upper Urban areas is now completed and the sedimentation tanks for the partial treatment of the sewage are in operation. New connections have been, and are still being, made, from the houses in the districts to link up with the new system. Owing to extensive building developments in the St. Mellons Rural District, extensions to existing sewers have been carried out, notably on the Gaer Estate and the Ebbw Bridge Building site. In the Magor Rural District, owing to building activity in recent years along the Christchurch and Caerleon Road, where the houses were originally provided with cesspools, new sewers have been constructed. The sewer on Caerleon Road empties into the River Usk, and the Christchurch Road sewer connects with that of the Newport Borough. A septic tank system of sewerage has been installed to deal with the sewage from a number of new houses at the Llanwern Garden Suburb.

The land south of the Chepstow Road between Flat Wood and Llanwern Road is being laid out for building development. Some houses have been erected. The Council is contemplating the construction of a sewer and septic tank to deal with the sewage from the houses already built and those to be

erected in the future. The St. Julian's Estate along Caerleon Road is being developed for building. Plans and sections of proposed new roads and drainage have been before the Council and the matter is under consideration.

In the Blaenavon Urban District there were no important extensions of the sewerage and drainage systems of the district during the year. The chief improvements carried out in this respect were :—(1) The piping with 2ft. 6ins. concrete tubes of the open sewer at Brookside. Previous to this work being carried out the sewage from the W.Cs. and the slopwater drains from Brookside Houses, was discharged into the open sewer where it constituted a serious nuisance, particularly during the summer months. This has now been remedied and the drains from the houses connected up satisfactorily. (2) The piping of the brook at the rear of Upper Woodland Street with 2ft. 6ins. concrete tubes. This brook is really a continuation of the Brookside sewer (previously mentioned) and the piping of this portion should considerably minimise the risk of flooding in the eastern part of the town, during periods of abnormal rainfall. (3)The piping of the unpiped portion of the town's main sewer from the rear of the Queen's Hotel to the Avon Lwyd. (4) The reconstruction of a concrete invert in the Avon Lwyd at the rear of Corn Street for the purpose of receiving and carrying off the sewage of the Corn Street houses and adjacent properties. Previous to the last mentioned improvement being carried out, serious nuisance was caused particularly during periods of dry weather, at the rear of the Queen's Hotel and in the Avon Lywd in the vicinity of Corn Street, due to the decomposition of accumulations of excreta from the various drain and sewer outlets, which were not carried away owing to the flow of the water in the river during these periods being insufficient to do so. Other improvements carried out were the reconstruction of a sewer in Mary Street which had become very defective through subsidence; and the reconstruction of a sewer at the rear of the Crown Hotel in Broad Street.

RIVERS AND STREAMS.

The rivers in the agricultural portion of the County still remain free from serious pollution with the exception of the lower portion of the river Usk, and speaking generally, it may be said that so far as sewage pollution is concerned, there is not much to complain of above the point at which the Afon Lwyd enters the river Usk. Since the completion of the scheme for the treatment of the sewerage from the districts of Llantarnam and Llanfrechfa Upper, an improvement has been observed in the condition of the Avon Lwyd. The rivers passing through the industrial portion of the County are still heavily polluted by coal dust, etc., from coal washeries and other industrial concerns situated along their banks. In the Rhymney, Western and Sirhowy Valleys the main trunk sewers have practically removed the whole of the river pollution by sewage. It is unfortunate that a similar scheme has not yet been put into operation in the Eastern Valley.

CLOSET ACCOMMODATION.

Progress still continues to be made in the conversion of privies, pail closets, etc., into water closets, this being possible where subsidiary sewers have been provided by the various local authorities. This particularly applies to the Urban Districts of Llanfrechfa Upper and Llantarnam, due to the completion of their sewage scheme.

PUBLIC CLEANSING.

The collection of house refuse varies according to the conditions prevailing in the various districts. Usually the refuse is collected two or three times in the week. In most instances the work is done by motor lorries fitted with suitable covers. The provision of adequate sewerage arrangements, and the conversion of the old closets into water closets, have now practically eliminated the necessity of making special collections of night soil, especially in the urban areas. There is still room for improvement in the care and condition of some of the refuse tips in the various districts, and if possible all inflammable and decomposing matter should receive special attention.

SANITARY INSPECTIONS OF THE AREA.

From the reports which have been received from the District Medical Officers of Health, it is again observed that the District Sanitary Inspectors have displayed considerable activity in their respective areas.

Inspections of premises under the various Public Health and Housing Acts have been made, and where nuisances or defects are noted, informal and statutory notices have been served. In the majority of cases the notices were complied with, and in very few instances were legal proceedings necessary.

Mr. J. Jenkin Evans, A.R.S.I., M.S.I.A., the County Sanitary Inspector, assists the County Medical Officer in his sanitary investigations. Where the local Council is involved, he is accompanied by the Sanitary Inspector for the district concerned. Mr. Evans is also qualified as an Inspector of Meat and Other Foods. His duties may be summarised as follows :—

Investigations of Sanitary conditions of Schools, Pollution of Rivers and Streams, Causation of Outbreaks of Infectious Disease, Water Supplies of the County, and Tuberculosis in Cattle.

Nuisances arising from Drainage, Sewerage and Sewage Disposal, Refuse Collection and Disposal, The Keeping and Slaughtering of Animals, etc., Offensive Trades.

Inspections of Dairies and Cowsheds, Diseased Foodstuffs (at the request of the District Sanitary Inspectors), dwellings where insanitary conditions, overcrowding, etc., are reported.

Taking of samples of water, milk and sewage effluent for bacteriological and chemical examination at the County Laboratory; the disinfection of premises; attendance at Enquiries, etc.

During the year 1932, all schools closed on account of infectious disease were disinfected by the County Sanitary Inspector.

Under the County Medical Officer's Scheme for securing a clean and wholesome milk supply, the County Sanitary Inspector had much of his time taken up with milk investigations of various kinds, as well as with the collection of samples under the terms of the Milk (Special Designations) Order, relating to " Grade A " and " Grade A " (Tuberculin Tested) Milk licences.

All special investigations arising from the " informal " milk sampling scheme of the County Medical Officer, and also under the Milk and Dairies Acts and Orders, are attended to by the County Sanitary Inspector, who also attends at the post mortem examination of any animals slaughtered under the Tuberculosis Order, and the Orders already referred to.

SMOKE ABATEMENT.

No special reference to this subject is made in the Reports of the District Medical Officers which have been received.

PREMISES AND OCCUPATIONS WHICH CAN BE CONTROLLED BY BYE-LAWS OR REGULATIONS.

As far as the County Council is concerned, the premises and occupations controlled by Bye-Laws and Regulations are those enumerated in the Report for the year 1930. The Maternity and Nursing Homes are periodically visited by the Medical Staff for the purpose of ensuring that the Regulations are complied with. Regarding Cinemas and places licensed for entertainment, etc., these are visited regularly so as to ascertain that the Regulations governing them are enforced.

OTHER SANITARY CONDITIONS REQUIRING NOTICE.

There is very little change regarding the burial grounds in the County, and the demand for new ground for this purpose is still pronounced, more especially in those areas where there has been recent increases in the population. In the Survey Report issued for the year 1930, the disposal of the dead by means of cremation was advocated by the County Medical Officer of Health. He is still of the opinion that this method is the one most suitable, especially in the overcrowded areas of the County.

SCHOOLS.

The sanitary condition of schools is subject to district sanitary inspections, while the School Medical Officers and the County Sanitary Inspector also deal with it at their periodical visits to the schools. The special survey by the School Medical Officers of school buildings which commenced in 1925, was continued, and during the year 1932, all school buildings visited by School Medical Officers were inspected and a summary of the reports is given in detail in the County Education Annual Report for the year 1932. The prevailing type of school building is stone built with slate roof. There are also in use buildings of brick with slate roof. In two or three districts pending the erection of new premises, some of the departments are accommodated in galvanised iron buildings. These schools are on the corridor and central hall system and are substantial, commodius, airy and well lighted. All the conditions found to be unsatisfactory at the schools were notified to the County Sites and Buildings Committee. Generally, the sanitary conditions of the schools can be termed satisfactory. The water supplies to the schools in the whole of the industrial portions of the County are taken from the mains of the local authorities. This also applies to portions of the rural areas adjoining the townships. In the rural areas, where an adequate water supply cannot be obtained from the Council's mains, the supply is obtained from wells and springs. Samples of water from these supplies are periodically taken, also under special circumstances, and are analysed at the County Laboratory. Should the water supply prove to be unsuitable, alternative supplies are examined, and in practically every instance a suitable supply of pure water has been obtained. It is unfortunate, however, that in some cases this may be some distance away from the school premises. Disinfection of school premises following outbreaks of infectious disease is carried out by the County Sanitary Inspector. The whole of the interior and lavatory accommodation being thoroughly sprayed with a suitable disinfectant. With regard to the spread of infectious disease amongst school children, close co-operation exists between the District Medical Officers and the County Medical Officer. During the year the County Sanitary Inspector, in company with the District Sanitary Inspectors inspected all the schools at the time of their closure, on account of infectious disease,and any defects found were reported to the appropriate department. Any sanitary defects reported by the School Medical Officers are dealt with by the County Sanitary Inspector.

RAG FLOCK ACTS, 1911 AND 1928.

The premises at which Rag Flock is manufactured, used or sold in the County received the special attention of the District Inspectors with a view to keeping the premises in a satisfactory condition. It would appear, from the reports which have been received that the only premises where rag flock is used is in the area of the Bedwellty Council, where the conditions have been found to be satisfactory.

HOUSING

The Circular issued by the Ministry of Health which deals with the preparation of the Annual Report of the County Medical Officer, points out that the Section under the heading " Housing," which calls for detailed information does not apply to County Councils. It is, however, noticed that although building operations under the Housing Acts have not been so extensive, efforts have again been made during the year to improve the housing position. In the St. Mellons Rural District Council Area, extensive building developments have taken place during the past year in the parishes of St. Woolos, Malpas, Rogerstone and Rumney. In these parishes, which are the populous centres of this rural area, the majority of the houses are of a modern good class urban type. In the Magor Rural District and particularly in the parish of Christchurch and that portion adjoining the Borough of Newport, some houses have been erected during the past year. The majority of these houses are of a modern type and semi-detached. There is a tendency for town dwellers to migrate to the country. A housing scheme is being planned on the Coldra Estate in the parish of Christchurch (near Newport), and it is anticipated there will be an increase of population here in the next few years. There are no special difficulties in providing suitable building sites. In the thickly populated areas of the County the housing question cannot be regarded as settled, as from the reports received from the District Medical Officers of Health and from other observations there is still a shortage of houses for the working classes. In some of the areas serious overcrowding is still prevalent, and this becomes more acute each year. It must be realised that this shortage of houses is one of the chief causes of overcrowding, and it is evident that this state of affairs is not conducive to good health or decent morals. At many of the older houses where the accommodation is limited it is quite common to find two families living in the same house. Parents and children, some of whom have reached puberty, are compelled to sleep in the same bedroom, whilst it is not uncommon for members of both sexes of advanced ages to use a common sleeping room. These houses have in addition none of the advantages that tend to promote a healthy life, as most of the household washing, cooking, etc., have to be carried out in the one living room which is often the only room on the ground floor. Many of these older type of houses are in a condition only fit for demolition, but it is unfortunate that most of these houses are to be found in the areas where the industrial depression has been most keenly felt and the tenants, in most cases, are not in a position to avail themselves of better housing accommodation, even when provided. The houses erected by the Local Authority under the Housing Acts, have been designed for the occupation by one family only, and are not in any way suitable for dual occupation. It is regretted that a number of these houses are now occupied by more than one family, and the practice of allowing this double occupation should be discouraged as much as possible by the Local Authority, as there is the danger that the houses so

occupied will soon become little more than slum property. It is noted that the Sanitary Inspectors in the districts paid considerable attention to the inspection of houses under the Public Health and Housing Acts, and notices are served for the abatement of nuisances and the repairs necessary. The general character of the defects found to exist in unfit houses dealt with were mainly defective roofs, damp walls and defective windows and floors, and in some of the older type of back to earth cottages inadequate lighting and ventilation, and insufficient height of bedrooms. Where unsatisfactory housing and overcrowding is prevalent there is the danger of disease flourishing, and there is also the evidence of lessened cleanliness, depression, lack of enthusiasm in the home, and the occupiers frequently complain of the conditions under which they are living. There is no doubt that density leads to a high death rate. This statement is confirmed by a study of vital statistics in respect of cities and large towns. The Housing Act, 1930, came into operation on the 15th August, 1930, and is to be construed with the Housing Act, 1925, and which is the principal Act. It is an Act to make further and better provision with respect to the clearance or improvements of unhealthy areas, the repair or demolition of insanitary houses and the housing of persons of the working classes. The Housing Act, 1930, materially alters the powers of Local Authorities with respect to slum properties and re-housing, and contains provisions relative to the clearance or improvement of unhealthy areas, whilst imposing on the Local Authority definite obligations as to re-housing. Part IV of the Act of 1930 deals expressly with the housing conditions in rural districts and the duty of the Rural District Councils and the County Council. It is laid down that it shall be the duty of every County Council to have constant regard to the housing condition of persons of the working classes, the extent to which overcrowding or other unsatisfactory housing conditions exist and the sufficiency of the steps which the Council of the Rural District have taken or are proposing to take to remedy those conditions and to provide further housing accommodation. During the year special inspections have been carried out in the districts regarding houses unfit for human occupation with a view to proceeding with clearance and improvement schemes under the Housing Act. Special mention is made in some of the District Medical Officers' reports already received, and it is expected that in the near future application to the Ministry of Health for Clearance Orders under the Housing Act, 1930, will be made in these special cases. The Council of every Rural District shall during 1930, and thereafter at such intervals not being less than one year, as the County Council may direct, furnish to the County Council such information with regard to the matters already mentioned for the purpose of enabling the County Council to carry out their duties under this part of the Act. These returns are now being received from the Rural District Councils.

During the year 1931 applications were received from the Abergavenny, Magor and St. Mellons Rural District Councils for supplementary contributions

by the County Council towards the housing expenses incurred by these Councils on account of proposed schemes for the erection of houses to house agricultural workers in their areas. The proposals of these three Rural Councils were discussed at a special meeting of the County Public Health and Housing Committee, and a special investigation was also made regarding the conditions prevailing in the areas concerned. An Inspector of the Ministry of Health also visited these areas to obtain information as to the Councils proposals and to view the present houses which it was intended to replace by the new houses so as to meet the needs of re-housing of the tenants. The County Council decided to recommend to the Minister of Health that the following supplementary grants be made : £1 0s. 0d. per house for each of the 40 years following the completion of the houses for the number of houses as shown in column 3 of the following table. However, the Ministry of Health Committee appointed under the Housing (Rural Authorities) Act, had considered the application of these Rural Authorities for special assistance and decided that as their resources were limited, to approve of the erection of the number of houses for the agricultural population in the respective areas as shown in column 4 of the following table :—

Rural District Council. (1)	Houses Proposed (Gross). (2)	Approved by County Council (3)	Approved by Minister of Health (4)
Abergavenny ...	34	16	8
Magor	25	20	8
St. Mellons ...	28	24	8
Totals	87	60	24

The Houses approved by the Minister of Health in the Magor and St. Mellons Rural Districts are in course of erection, and negotiations are proceeding for the acquisition of the land necessary upon which the Houses are to be erected in the Abergavenny Rural District.

With regard to the Housing (Rural Workers) Act, 1926, and which is administered by the County Council, one application was received for a grant for the improvement of houses which was refused by the County Council.

The following table shows the progress which has been made in the construction of new dwellings by the district councils, and also by private enterprise under the various Housing Acts :—

District.	Total Number of Houses completed during year ended 31st Dec., 1932.		Total
	By Local Authority.	Private Enterprise.	
URBAN.			
Abercarn ...	—	—	—
Abergavenny ...	—	14	14
Abersychan ...	—	9	9
Abertillery ...	—	—	—
Bedwas and Machen	—	1	1
Bedwellty ...	—	—	—
Blaenavon ...	—	—	—
Caerleon ...	—	12	12
Chepstow ...	—	3	3
Ebbw Vale .	—	—	—
Llanfrechfa Upper	—	—	—
Llantarnam ..	—	1	1
*Monmouth ...	—	—	—
Mynyddislwyn ..	—	—	—
Nantyglo and Blaina	—	—	—
Panteg	—	18	18
Pontypool	—	—	—
Rhymney .	—	—	—
Risca . .	—	9	9
Tredegar . .	—	—	—
Usk ...	—	—	—
RURAL.			
Abergavenny ...	—	19	19
Chepstow ...	—	16	16
Magor ...	—	29	29
*Monmouth ...	—	—	—
Pontypool ...	—	8	8
St. Mellons ...	—	127	127
Totals	—	266	266

* No report received

INSPECTION AND SUPERVISION OF FOOD.

(a).—MILK SUPPLY.

The scheme inaugurated by the County Medical Officer for the taking of " informal " samples of milk sold in the County is still being operated. In conjunction with the scheme, Part IV of the Milk and Dairies Order, 1926, which deals with the health and inspection of cattle, is carried out. During the year 211 " informal " samples of milk were taken which is a decrease of 6 when compared with the figure for the previous year, 217. As in previous years, it can again be said, that the working of the scheme has had far reaching effects upon the purity of the milk supply in the districts in which operations have so far been carried out. The scheme has been in operation for a number of years, and although at the outset difficulty was experienced in obtaining the co-operation of milk vendors and the producers, it can now be recorded that the difficulties have been overcome and that the scheme is appreciated by those concerned with the milk trade generally.

The scheme has been put into operation in every district of the County, and during 1932, the procedure adopted was to take a number of samples of milk from as many districts as possible in the year. By this method the benefits of the scheme are fully maintained. During the year samples were taken from the following districts :—Abergavenny, Usk, Chepstow, Mynyddislwyn, Risca, Bedwas and Machen, Abertillery, Pontypool, Rhymney, Bedwellty, Panteg and Blaenavon Urban Districts and Chepstow Rural District. The samples are collected by the County Sanitary Inspector, accompanied by the District Sanitary Inspector, and are examined at the County Laboratory by the County Bacteriologist. In addition to the bacteriological examination for evidence of tubercle, zymotic diseases and dirt contamination, animal inoculations are made for the purpose of definitely ensuring against any possible infection by Tuberculosis. Should this be found to be present, the farm producing the milk is visited and the herd submitted to veterinary examination, individual samples being taken from any cow regarded as suspicious. The milk from suspected cows is ordered to be excluded from that of the herd until the bacteriological examination has been made. In the event of an individual sample proving tuberculous, arrangements are made for the slaughtering of the animal under the Tuberculosis Order, 1925, in which case the district Sanitary Inspector in company with the County Sanitary Inspector is present at the slaughtering so that the carcase, or parts of the carcase, where necessary, can be condemned as unfit for human consumption. In such cases where the Sanitary Inspector is not qualified to deal with meat inspection, a Veterinary Surgeon, or the County Sanitary Inspector has attended at the slaughtering of the animal. The tuberculin test is employed in cases where bacteriological examination of the sample has proved to be suspicious but has not shown definite evidence of Tuberculosis. also a close watch is kept upon the cow before its milk is again allowed

to be mixed with that of the herd. With regard to the slaughter of infected animals, it has been found that action taken under the Tuberculosis Order by the Veterinary Inspectors appointed under the Diseases of Animals Acts is better than utilising the Milk and Dairies (Consolidation) Act, 1915; much overlapping is thus eliminated. Copies of all reports upon the bacteriological examination of " informal " samples are sent to the local Sanitary Inspectors, and where evidence pointing to want of care in handling the milk after it has left the cow, or to its contamination in other ways is reported, a warning is sent to the offender by the Clerk to the Local Sanitary Authority, which, in practically every case has had the effect of an immediate improvement in the condition of the milk. Further details regarding the samples taken during the year 1932, will be found in the report of the County Bacteriologist and Pathologist earlier in this Report. The reduction in the number of " informal " samples taken during the year is due to the fact that the results of the analysis of some milk samples necessitated the carrying out of special investigations at the farms at which the milk was produced. The dairy herds at 13 farms were inspected by the County Veterinary Surgeon, in company with the County Sanitary Inspector, who examined 240 cows. The number of samples of milk taken from the cows examined was 83 and in practically every instance the Department was successful in locating the cow or cows affected with Tuberculosis, and which were giving milk containing tubercle bacilli. Notices were given under the Tuberculosis Order regarding these cows, and they were examined after slaughter by the District Sanitary Inspectors and the County Sanitary Inspector. The post mortem examination of the carcase proved in each instance the bacteriological examination of the milk at the County Laboratory by the County Bacteriologist. Every carcase examined was condemned as unfit for human consumption and destroyed. In some of the districts of the County, the Sanitary Inspectors take " informal " samples and test the milk by means of a Minit Tester, for the purpose of demonstrating to the retailer and producer the presence or otherwise of dirt or other gross foreign matters. From the reports which have been received from the districts, the Dairies, Cowsheds and Milkshops have been periodically inspected, and there is further improvement to be noted in the general condition of these premises, but there is still room for further improvement. In some of the districts trouble is experienced in obtaining general improvements in the structural condition of Cowsheds on account of the owners who are not the tenants not being prepared to expend anything upon the work. However, although some progress has been made in reconstruction, every effort is still being made to instill into these cowkeepers the absolute necessity for scrupulous cleanliness, and education on this matter has been attempted rather than legislation, with beneficial results. Arrangements have been made with the Chief Constable for the notification of all animals intended to be slaughtered under the Tuberculosis Order, 1925. The date and time of slaughter is given, and the County Sanitary Inspector has attended for the purpose of examining the carcase, so as to ensure that only meat fit for human consumption shall be placed upon the market.

MILK (SPECIAL DESIGNATIONS) ORDER, 1923.

The number of persons at present licensed by the County Council under this Order for the production of " Grade A " milk is as follows :—Producers and Retailers, 3; Producers only, 1. The four farms producing " Grade A" milk are regularly visited by the County Sanitary Inspector and a high standard of cleanliness is maintained as a result. The farms are situated, two at Chepstow, one at Grosmont and one at Rogerstone. Samples are taken at various periods during the course of delivery for bacteriological examination. Where the report of the County Pathologist has proved unsatisfactory and not in accordance with the standard laid down for " Grade A " milk, a special visit is paid to the farm with a view to the necessary improvement. It is pleasing to note, however, that this has only been necessary on very few occasions. Samples are taken on behalf of the Ministry of Health from the retailers of Certified and Grade " A " (Tuberculin Tested) milk in the County. The samples are analysed at the County Laboratory and the cost is defrayed by the Ministry of Health. During the year 24 samples of " Grade A " (Tuberculin Tested) milk were taken. The Ministry of Health are the Licensing Authority in regard to Certified and ' Grade A " (Tuberculin Tested) milk, and arrangements have been made with the Welsh Board of Health that prior to granting a licence the cowsheds at the farm shall be approved by the County Medical Officer, acting in conjunction with the Ministry, so that an even standard for cowsheds shall obtain in the County.

(b).—MEAT AND OTHER FOODS.

The following table shows the quantities of meat and other foods condemned in the various Urban and Rural Districts of the County during the year, and it will be noticed from the figures that great attention is being given to this important section of public health work:—

DISTRICT	Fish.	Meat.	Bottled and Tinned Goods	Bacon.	Offal, etc.	Cooked Meat.	Fruit.	Miscellaneous
URBAN.								
Abercarn ...	170 lbs.	873 lbs.	150 tins	93 lbs.	—	33 lbs.	113 lbs.	—
Abergavenny ..	—	2 Carcases	54 tins	—	—	—	—	—
Abersychan ...	—	444½ lbs.	7 Bottles 272 tins	—	732½ lbs.	68 lbs.	—	50 packets 73 lbs. 144 lbs. liquid eggs
Abertillery ...	12 lbs.	34 lbs.	103 tins	—	5 pairs bovine lungs 3 Livers 1 Spleen 5 Sheeps' Plucks	64 lbs	—	—
Bedwas and Machen...	37 lbs.	740 lbs.	107 tins	28 lbs.	48 lbs.	—	38 lbs.	30 lbs.
Bedwellty ...	12 lbs.	1286 lbs.	1332 tins	286½ lbs.	388½ lbs.	282 lbs.	—	2026 lbs. 372 eggs
Blaenavon ...	129 lbs.	1019 lbs.	38 tins	—	420 lbs.	—	—	20 lbs.
Caerleon ...	—	—	—	—	—	—	—	—
Chepstow ...	—	1 Joint	4 tins	—	—	—	—	—
Ebbw Vale ...	60 lbs.	1641 lbs.	629 tins	40 lbs.	394 lbs.	120 lbs.	30 lbs.	3 cases onions ½ case eggs 18 cwt Potatoes
Mynyddislwyn	—	8985 lbs.	320 tins	—	9955 lbs	—	—	—
Nantyglo and Blaina...	—	80 lbs.	—	—	—	—	—	—
Panteg ...	—	159 lbs.	118 tins	16 lbs.	51 lbs.	—	9 lbs.	4 lbs cheese 2 lbs. butter
Pontypool ...	46 lbs.	278 lbs..	734 tins	105 lbs.	305 lbs.	54 lbs.	6 cwt	67 lbs. of butter and cheese
Rhymney ...	—	416 lbs.	—	—	208 lbs. 4 Pigs and 1 Beast's heads and tongues.	—	—	—
Risca	—	144 lbs.	41 tins	—	136 lbs.	—	214 lbs.	448 lbs. Potatoes 40 lbs. carrots 40 lbs. peas
Tredegar ...	28 lbs.	1880 lbs.	917 tins	45 lbs.	1889 lbs.	66 lbs.	224 lbs.	44 doz eggs
RURAL.								
Magor	—	120 lbs.	—	—	—	—	—	—
St. Mellons ...	—	70½ cwts	—	—	—	—	—	—

No unsound food was condemned in the following districts :—Llanfrechfa Upper, Llantarnam, and Usk Urban and Abergavenny, Chepstow and Pontypool Rural. No reports have been received from Monmouth Urban and Rural Districts.

Of the 31 Sanitary Inspectors in the Administrative County, 10 hold a special certificate, and are qualified Inspectors of Meat and Other Foods. The Districts whose Sanitary Inspectors are in possession of the certificate for meat and food inspection are :—Bedwellty (2), Abertillery, Mynyddislwyn, Risca, Ebbw Vale, Blaenavon, Tredegar and Rhymney Urban and Chepstow Rural. The County Sanitary Inspector also holds the special certificate and is qualified as an Inspector of Meat and Other Foods. His services are available whenever called upon to assist the Inspectors in the various districts. This Assistance has readily been accepted on numerous occasions.

Owing to depression in trade in the industrial portions of the County, there is a danger that the meat supplies may fall below that of the normal standard. The Inspectors in the districts are aware of this fact, and special attention is being paid to this matter, more especially towards the end of each week, attention being paid to the week-end open air markets.

A matter which has been commented upon for a number of years is the absence of a public abattoir in the County. In most districts there are numerous small slaughterhouses, very few of which can be said to be really suitable for the purpose. In several districts the Medical Officers of Health and the Sanitary Inspectors have recommended to their Councils the desirability of providing public slaughterhouses which would be under the direct control of the local authority. Difficulty is experienced by practically all the sanitary inspectors who are responsible for the inspection of meat in their areas, in carrying out in a satisfactory manner this important branch of their public health duties. A difficulty arises owing to the occasional slaughter of animals at places other than slaughterhouses. It is obvious that the provision of a public abattoir would tend greatly to eliminate the difficulty mentioned. All the slaughtering would be centralised, and systematic and proper supervision could then be obtained, the risk to the consumer lessened and the purity of the meat improved by being slaughtered, cooled and stored under hygienic and wholesome conditions.

The Sanitary Inspectors of the County are continually concentrating upon the provisions of the Public Health (Meat) Regulations, and these have been applied as far as possible in the County. All butchers' shops and meat stalls in the County are regularly inspected to ensure compliance with the Regulations. The existence of stalls in market streets in the form allowed by the Regulations is countenanced because it is thought their existence enables meat to be sold at competitive prices, and so tends to bring down the prices generally

at which meat is sold to the public. That the Regulations governing the sale of meat are reasonable is indicated by the very ready response on the part of the vendors to remedy any temporary omission, either on their part or on the part of their assistants. In very few instances has it been necessary to serve notices for breach of the Regulations.

ADULTERATION, ETC.

Samples of foodstuffs, including butter, milk, margarine, etc., are sent to Mr. G. Rudd Thompson, F.I.C., Dock Street, Newport, who is the Public Analyst appointed for the County. At a meeting of the Works and General Purposes Committee, held on the 13th July, 1920, it was decided that the County Medical Officer should exercise general supervision over the action to be taken in pursuance of the Acts and Regulations under the Sale of Food and Drugs Acts, and that he, the County Analyst, and, if necessary, the Clerk, should confer as to the details necessary to secure observance of the Acts and Regulations. The Administrative County is divided into three districts for the purposes of these Acts, as follows:—

District "A," under the supervision of Inspector G. C. Jenkins, with an Assistant, and comprising the Municipal Boroughs of Abergavenny and Monmouth, the Urban Districts of Abersychan, Blaenavon, Llanfrechfa Upper, Panteg, Pontypool and Usk, and the Rural Districts of Abergavenny, Monmouth and Pontypool.

District "B," under the supervision of Inspector T. R. Davies, with two Assistants, and comprising the Urban Districts of Abertillery, Bedwellty, Ebbw Vale, Mynyddislwyn (part), Nantyglo and Blaina, Rhymney and Tredegar.

District "C," under the supervision of Inspector J. R. Gamble, with an Assistant, and comprising the Urban Districts of Abercarn, Bedwas and Machen, Caerleon, Chepstow, Llantarnam, Mynyddislwyn (part), and Risca, and the Rural Districts of Chepstow, Magor and St. Mellons.

During the year 1,076 samples were examined by the County Analyst, Mr. G. Rudd Thompson, details of which are given in the report following:—

"I have the honour to present to you my Annual Report under the Food and Drugs Acts for the year ended 31st December, 1932.

During this period 1,076 samples have been analysed, which have been submitted to me as under:—

Division "A"	394 samples
Division "B"	324 samples
Division "C"	356 samples
Abersychan U.D.C....	2 samples

Of the above 164 were informal or trial samples.

The details of the samples analysed are as under :—

632 Milk, 6 Separated Milk, 1 Cream, 38 Butter, 4 Cheese, 4 Suet, 2 "Trex," 28 Lard, 4 Margarine, 3 Sugar, 2 Lemon Cheese, 2 Honey, 4 Table Jelly, 8 Jam, 1 Sandwich Cake, 1 Cream Sponge, 1 Cakeoma, 1 Creamaltone, 1 Wheat Semolina, 2 Oatmeal, 26 Flour, 30 Rice, 6 Ground Rice, 12 Tapioca, 4 Sago, 3 Arrowroot, 10 Baking Powder, 12 Custard Powder, 2 Egg Powder, 2 Blanc Mange Powder, 1 Bun Flour, 1 Teacake Mixture, 1 Ground Cocoanut, 1 Tinted Cocoanut, 1 Trifona, 1 Raising Powder, 1 Fruit Cream Mould, 3 Cornflour, 1 Dessicated Cocoanut, 1 Cochineal, 2 Ground Almonds, 1 Glace Cherries, 1 Mixed Fruit, 2 Currants, 3 Raisins, 2 Sultanas, 1 Essence of Peppermint, 1 Flavouring Essence, 2 Lemon Essence, 2 Essence of Vanilla, 1 Essence of Almonds, 24 Pepper, 3 Mustard, 6 Mixed Spice, 1 Ground Nutmeg, 1 Condensed Milk, 3 Ground Cinnamon, 2 Ground Mace, 6 Ground Ginger, 28 Malt Vinegar, 14 Vinegar, 1 Spiced Vinegar, 1 Pickling Spice, 1 Gravy Browning, 1 Gravy Colouring, 1 Malted Milk Cocoa, 12 Cocoa, 2 Coffee, 4 Coffee Mixture, 1 Extract of Coffee and Chicory, 1 Malt and Hop Extract, 3 Lemonade Crystals, 1 Oxade Orangeade, 1 Oxade Raspberryade, 1 Fruit Cup, 3 Tea, 2 Cider, 1 Beefex, 4 Aspirin Tables, 2 Bronchial Mixture, 2 Balsam of Aniseed, 2 Tincture of Quinine, 6 Castor Oil, 3 Eucalyptus Oil, 4 Olive Oil, 6 Camphorated Oil, 2 Bicarbonate of Soda, 2 Cream of Tartar, 1 Syrup of Figs, 2 Glycerine, 1 Cascara Tables, 1 Compound Balsam of Ipecacuahna, 1 Camphor and Eucalyptus Oil, 1 Carron Oil, 1 Cod Liver Oil, 1 Cough Lozenges, 3 Potted Meat, 4 Fish Paste, 1 Sausage, 1 Tongue, 1 Pork Roll, 1 Split Peas, 1 Butter Beans, 1 Tinned Peas, 12 Peas, 1 Soup and 2 Mutton Cloths.

MILK.—Of the 632 milk samples examined 600 were found to be genuine, the remaining 32 proving to be adulterated. Of these latter 4 samples were found to be not only deficient in fat but to contain added water in addition, *viz.*, 8·12 per cent. added water and 3·88 per cent. deficient in fat. 3·30 per cent. added water and 2·70 per cent. deficient in fat, 2·24 per cent. added water and 4·09 per cent. deficient in fat, 1·77 per cent. added water and 17·23 per cent. deficient in fat. 15 samples contained added water to the extent of 3.18 per cent., 3·76 per cent., 5·81 per cent., 5·53 per cent., 6·00 per cent., 6·24 per cent., 6·71 per cent., 7·65 per cent., 8·47 per cent., 9·29 per cent., 10·83 per cent., 13·53 per cent., 14·00 per cent., 19·88 per cent., and 25·30 per cent. respectively. The remaining 13 samples being deficient in fat as follows : 2·00 per cent., 3·33 per cent., 5·00 per cent., 6.00 per cent., 6·33 per cent., 6·33 per cent., 10·67 per cent., 12·00 per cent., 13·00 per cent., 13·67 per cent., 15·00 per cent., 15·33 per cent., and 18·33 per cent. The percentage of adulterated milk samples is thus 5·06, which is rather higher than has been the case in the past few years. Each and every sample was carefully examined for preservatives and colouring matter and I am pleased to be able to report an entire

absence of anything of this nature. The quality of the milk as a whole is shown by the following tables:—

According to content of fat:—

Under 3.00%	3—3.49%	3.5—3.99%	4—4.49%	4.5% and over
21	242	234	103	32

According to content of solids not fat:—

Under 8.5%	8.5—8.69%	8.7—8.89%	8.9—9.09%	9.1% and over
19	232	247	104	30

The average composition of all milk samples analysed during the year is:— Fat, 3·60 per cent.; Solids not Fat, 8·71 per cent.; Total Solids, 12·31 per cent.; and for the purpose of comparison over previous years, I give the average composition as follows:—

Year.	Fat.	Solids not Fat.	Per cent. of adulteration.
1923	3·66%	8·88%	4·08%
1924	3·59%	8·87%	4·81%
1925	3·57%	8·90%	4·26%
1926	3·63%	8·82%	5·97%
1927	3·62%	8·77%	3·81%
1928	3·52%	8·78%	4·41%
1929	3·55%	8·89%	4·05%
1930	3·65%	8·83%	2·82%
1931	3·66%	8·77%	2·89%

The average quality of the milk sold in the County throughout the year has been quite satisfactory but the proportion of samples failing to conform to the standards of the Sale of Milk Regulations amounts to slightly over one in every twenty and taking into consideration the fact that the standards are comparatively lenient, there is room for improvement in the quality of milk of certain vendors.

Out of six samples of Separated Milk, one sample was found on analysis to contain 12·18 per cent. of added water.

The Condensed Milk was perfectly satisfactory in quality and the sample of Cream was free from preservatives and contained a high proportion of milk fat.

Of the Butter samples, 38 in number, all were free from foreign fat and the quantity of water present was not excessive. No preservatives of any description had been added in any instance.

The Lard samples all consisted of genuine highly refined pig fat and were free from added water and from excessive acidity.

Two samples of Lard Substitute were found to be composed of vegetable fat of wholesome character and suitable for the preparation of pastry.

The samples of Potted Meat, Fish Paste, Sausage, Tongue and Pork Roll were free from boron preservative and in no case was the amount of sulphur dioxide in excess of the quantity permitted by the Regulations.

The Jams were free from excess sulphur dioxide and from the prohibited colouring matters and contained no fruits other than those declared.

The samples of honey were free from added sugar or glucose and in the case of the Jellies preservatives where present were less than the permitted quantities and injurious colouring matters were absent from all samples.

The Sugars consisted of pure highly refined cane or beet sugar with no added ingredients.

During the year 26 samples of flour have been examined and all were composed of genuine wheat from which all but traces of extraneous matter had been removed in the milling process. In no instance could bleaching agents be detected and in the case of Self Raising Flour the leavening ingredients were of a high standard of purity and free from metallic contamination.

It is satisfactory to record that of the 30 Rice samples none contained any facing material added to improve the appearance of inferior grain, a practice on which it has been necessary to comment in the past.

Other cereal products examined included Ground Rice, Tapioca, Sago, Arrowroot, Cornflour and Custard Powder, all of which were genuine, of first rate quality and free from any deleterious ingredient.

The dried Fruits included Raisins, Sultanas, Currants, etc., and were all found to contain less than the permitted quantity of sulphur dioxide.

The samples of Peas submitted for analysis were entirely free from copper and it is now some considerable time since I have had to report against the addition of copper to this article for the purpose of improving the appearance.

The specimens of Baking Powder analysed during the year were all of satisfactory strength and had suffered no deterioration from storage. No trace of arsenic or lead was present in any instance.

The samples of Pepper examined were composed in every case of the genuine pepper corn free from the greater part of the outer husk and no starch or other added material was detected.

The specimens of Mustard sold as Mustard Compound contained a small addition of starch for the purpose of improving their consistency but were quite satisfactory in flavour and strength.

Various specimens of Mixed Spice, Nutmeg, Cinnamon, Ginger and Mace have been analysed during the year and all of these were genuine and quite wholesome in character.

Of the 28 samples of Malt Vinegar which have been taken for analysis during the year, only one proved to be unsatisfactory and this was found on analysis to be composed of a dilute solution of acetic acid which had not been prepared by the acetous fermentation of malt extract.

Of the samples sold as Vinegar, 14 in number, it was necessary to issue an adverse report in four cases as the specimens were seriously deficient in their content of acetic acid.

The 12 samples of Cocoa analysed contained no excess of husk and were free from contamination by arsenic and other deleterious metallic compounds.

The Coffee samples consisted of genuine coffee and the specimens of coffee mixture contained a satisfactory high proportion of coffee.

The Tea samples consisted in each case of the genuine leaf and contained no appreciable quantity of dust or sweepings.

Various non-alcoholic beverages have been examined and found to be quite wholesome in nature and free from contamination by lead or copper.

Two samples of Cider which were reputed to be strongly intoxicating were found on analysis to contain only the normal percentage of alcohol.

A large variety of pharmaceutical preparations have been found to be of a satisfactory degree of purity and to be in accordance with the requirements of the British Pharmacopoeia.

In connection with a consignment of imported Mutton which was suspected to have undergone contamiation by an arsenical liquid on board ship, the cloths used for wrapping were submitted for analysis but these were found to be free from arsenic.

The remaining samples analysed call for no comment, all being perfectly satisfactory in every way and the percentage of adulterated samples amounts to 3·53 per cent. of the total number examined.

	URBAN. Abercarn	Abergavenny	Abersychan	Abertillery	Bedwas and Machen	Bedwellty	Blaenavon	Caerleon	Chepstow	Ebbw Vale	Llanfrechfa Upper	Llantarnam	Monmouth	Mynyddislwyn	Nantyglo and Blaina	Panteg	Pontypool	Rhymney	Risca	Tredegar	Usk	TOTAL URBAN	RURAL. Abergavenny	Chepstow	Magor	Monmouth	Pontypool	St. Mellons	TOTAL RURAL	GRAND TOTALS
Arrowroot	...	1	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	3	...	...	...	...	...	...	...	3
Aspirin Tablets	...	...	...	...	1	...	...	...	1	...	...	...	...	...	...	...	...	...	...	1	...	3	...	1	...	...	...	...	1	4
Aniseed Balsam	1	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	2	...	...	...	...	...	...	...	2
Butter	4	1	2	1	2	2	2	2	2	1	...	2	...	3	1	2	...	...	6	1	...	34	...	2	...	...	...	2	4	38
Bi-carbonate of Soda	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	1	...	2	...	...	...	...	...	...	...	2
Beefex	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	1	...	...	...	...	...	...	...	1
Baking Powder	2	...	1	1	...	1	...	1	1	...	...	...	...	1	1	1	...	...	...	...	...	10	...	...	...	...	...	...	...	10
Blanc Mange Powder	...	...	...	1	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	2	...	...	...	...	...	...	...	2
Bun Flour	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	1
Butter Beans	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	1	...	...	...	...	...	...	...	1
Bronchial Mixture	...	...	...	...	1	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	2	...	...	...	...	...	...	...	2
Cheese	...	...	...	1	...	2	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	4	...	...	...	...	...	...	...	4
Custard Powder	...	...	...	...	2	1	...	...	1	...	...	...	...	2	1	1	...	...	1	1	...	10	...	1	...	...	...	1	2	12
Currants	...	...	...	...	...	1	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	2	...	...	...	...	...	...	...	2
Cinnamon	...	...	...	...	...	1	...	...	...	2	...	...	...	...	...	...	...	...	...	...	...	3	...	...	...	...	...	...	...	3
Cocoa	2	...	...	...	2	...	...	1	1	1	...	...	...	1	...	...	...	...	1	1	...	10	...	1	...	...	...	1	2	12
Corn Flour	...	...	...	1	...	...	...	...	...	...	...	2	...	...	...	...	...	...	...	...	...	3	...	...	...	...	...	...	...	3
Coffee and Chicory	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	1
Cream	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	1
Cream Sponge	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	1	...	...	...	...	...	...	...	1
Cream of Tartar	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	2	...	...	...	...	...	...	...	2
Cochineal	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	1	...	...	...	...	...	...	...	1
Condensed Milk	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	1
Compound Balsam of Ipecacuanha	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	1
Camphorated Oil	1	1	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	1
Cider	...	2	...	...	...	...	1	...	...	...	...	...	...	1	...	...	...	...	...	...	...	4	...	1	...	...	...	1	2	6
Cremaltone	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	2	...	...	...	...	...	...	...	2
Castor Oil	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	1	...	...	...	...	...	...	...	1
Coffee	...	...	...	...	...	...	...	...	2	...	...	...	...	...	...	1	...	...	...	...	...	4	...	1	...	...	...	1	2	6
Coffee Mixture	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	1	1	2
Cascara Tablets	...	...	...	...	...	...	...	1	1	...	...	1	...	...	...	...	...	...	...	...	...	3	...	1	...	...	...	...	1	4
Cough Lozenges	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	1
Carron Oil	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	1	...	...	...	...	...	...	...	1
Cod Liver Oil	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	1	1
Cakeoma	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	1
Demerara Sugar	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	1	...	...	...	...	...	...	...	1
Dessicated Cokernut	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	2	...	...	...	...	...	3	...	...	...	...	...	...	...	3
Eucalypticus Oil	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	1	...	...	...	...	...	...	...	1
Egg Substitute	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	1	...	2	...	1	...	...	...	1	2	4
Essence of Peppermint	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	1	...	...	...	...	...	...	...	1
Essence of Vanilla	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	1	...	...	...	...	...	...	...	1
Egg Powder	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	2	...	...	...	...	...	...	...	2
Flavouring Essence	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	1
Fruit Cup	...	...	...	1	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	1	...	3	...	...	...	...	...	...	...	3
Fish Paste	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	1
Fruit Mould	...	...	1	...	...	...	1	...	...	...	...	...	...	...	...	1	...	...	...	...	...	3	...	...	...	...	...	1	1	4
Ground Ginger	...	...	1	1	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	1	..	...	...	...	...	...	...	1
Ground Nutmegs	...	...	...	...	...	...	1	...	...	1	...	...	...	...	...	1	...	...	1	...	...	6	...	...	...	...	...	...	...	6
Gravy Browning	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	1
Glaze Cherries	...	...	...	...	1	...	...	...	...	...	...	...	...	...	1	...	...	...	1	...	...	2	...	...	...	...	...	...	...	2
Ground Almonds	1	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	1
Cround Cokernut	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	2	...	...	...	...	...	...	...	2
Ground Mace	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	1
Ground Rice	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	2	...	...	...	...	...	...	...	2
Glycerine	1	...	...	...	...	...	...	1	1	...	...	1	...	...	...	...	...	...	...	...	...	4	...	1	...	...	...	...	1	5
Honey	...	...	1	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	1
Jelly	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	2	...	...	...	...	...	...	...	2
Jam	3	...	2	...	...	1	...	...	...	2	...	...	...	...	...	...	...	...	...	...	...	4	...	...	...	...	...	...	...	4
	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	1	...	...	8	...	...	...	...	...	...	...	8

Some samples taken in Mynyddislwyn area are included in the Bedwellty area return.

RICT —CONTINUED.

Rhymney	Risca	Tredegar	Usk	TOTAL URBAN	*RURAL.* Abergavenny	Chepstow	Magor	Monmouth	Pontypool	St. Mellons	TOTAL RURAL	GRAND TOTALS
...	3	1	...	26	...	1	...	...	...	1	2	28
...	...	...	...	1	...	...	...	...	...	...	...	1
...	...	...	...	2	...	...	...	...	...	...	...	2
...	...	...	...	2	...	...	...	...	...	...	...	2
...	...	...	...	1	...	...	...	...	...	...	...	1
15	33	18	13	596	...	11	...	...	...	25	36	632
...	...	1	6	23	...	...	...	...	...	...	...	23
...	...	...	...	5	...	...	...	...	...	...	...	5
...	...	...	...	1	...	...	...	...	...	...	...	1
...	...	...	...	4	...	...	...	...	...	...	...	4
...	...	...	...	3	...	...	...	...	...	1	1	4
...	...	...	...	1	...	...	...	...	...	...	...	1
...	...	...	...	1	...	...	...	...	...	...	...	1
...	...	...	...	3	...	...	...	...	...	...	...	3
...	...	...	...	2	...	...	...	...	...	...	...	2
...	...	...	...	1	...	...	...	...	...	...	...	1
...	...	...	...	4	...	...	...	...	...	...	...	4
...	2	1	...	17	...	2	...	...	...	1	3	20
...	3	...	...	10	...	1	...	...	...	2	3	13
...	...	1	...	1	...	...	...	...	...	...	...	1
...	...	...	...	1	...	...	...	...	...	...	...	1
...	...	...	...	1	...	...	...	...	...	...	...	1
...	...	...	...	1	...	...	...	...	...	...	...	1
...	2	1	...	28	...	2	...	...	...	2	4	32
...	...	...	...	3	...	...	...	...	...	...	...	3
...	...	...	...	1	...	...	...	...	...	...	...	1
...	...	...	...	4	...	...	...	...	...	...	...	4
...	...	...	...	2	...	...	...	...	...	...	...	2
...	...	...	...	1	...	...	...	...	...	...	...	1
...	...	1	...	4	...	...	...	...	...	...	...	4
...	3	1	...	21	...	2	...	...	...	2	4	25
...	...	...	...	1	...	...	...	...	...	...	...	1
...	...	...	...	2	...	...	...	...	...	...	...	2
...	...	...	...	2	...	...	...	...	...	...	...	2
...	...	...	...	1	...	...	...	...	...	...	...	1
...	...	...	...	4	...	...	...	...	...	...	...	4
...	...	...	...	1	...	...	...	...	...	...	...	1
...	...	...	...	1	...	...	...	...	...	...	...	1
...	...	...	...	2	...	...	...	...	...	...	...	2
...	...	...	...	1	...	...	...	...	...	...	...	1
...	...	1	...	2	...	...	...	...	...	...	...	2
...	...	...	...	1	...	...	...	...	...	...	...	1
...	...	...	...	10	...	2	...	...	...	...	2	12
...	...	...	...	1	...	...	...	...	...	...	...	1
...	...	...	...	1	...	...	...	...	...	1	1	2
...	1	...	...	1	...	...	...	...	...	...	...	1
...	...	...	...	16	...	...	...	...	...	2	2	18
...	...	...	...	4	...	...	...	...	...	...	...	4
15	58	42	19	996	...	31	...	...	...	47	78	1074

edwellty area return.

NUMBER OF SAMPLES FOUND TO BE ADULTERATED.

District.	Milk.	Vinegar	Malt Vinegar	Totals.
URBAN:				
Abercarn	1	—	—	1
Abergavenny	1	—	—	1
Abersychan	8	—	—	8
Abertillery	6	—	—	6
Bedwas and Machen ...	1	—	—	1
Bedwellty	—	—	—	—
Blaenavon	—	—	—	—
Caerleon	4	—	—	4
Chepstow	2	—	—	2
Ebbw Vale	3	—	—	3
Llanfrecha Upper	2	—	—	2
Llantarnam	—	—	—	—
Monmouth	—	—	—	—
Mynyddislwyn	—	—	—	—
Nantyglo and Blaina ...	2	—	—	2
Panteg	—	—	—	—
Pontypool	3	4	1	8
Rhymney	—	—	—	—
Risca	—	—	—	—
Tredegar	—	—	—	—
Usk	—	—	—	—
RURAL:				
Abergavenny	—	—	—	—
Chepstow	—	—	—	—
Magor	—	—	—	—
Monmouth	—	—	—	—
Pontypool	—	—	—	—
St. Mellons	—	—	—	—
Totals	33	4	1	38

The following schedule gives details of the samples taken for analysis, and in which action was taken, arranged according to the respective districts :-

District in which sample was taken.	Nature of Sample.	Extent of adulteration, etc., of sample.	Result of Police Court Proceedings, etc.
URBAN:			
Abercarn ...	Milk	13.53% added water ...	Fined £2.
Abergavenny ...	,,	12.00% deficient in fat ...	Ordered to pay £1 costs
Abersychan ...	,,	6.00% added water ...	Cautioned by Clerk.
,,	,,	3.30% added water and 2.70% deficient in fat ...	do.
,,	,,	3.76% added water ...	do.
,,	,,	6.33% deficient in fat ...	do.
,,	,,	6.33% deficient in fat ...	do.
,,	,,	5.00% deficient in fat ...	Ordered to pay 10/- costs.
,,	,,	18.33% deficient in fat ...	Fined £5.
,,	,,	5.18% added water ...	Ordered to pay 10/- costs.
Abertillery ...	,,	3.18% added water ...	Fined £5 malicious damage and £10 fine, and £15 costs for lacency in this case.
,,	,,	25.30% added water ...	
,,	,,	14.00% added water ...	Fined £5.
,,	,,	5.33% added water ...	Ordered to pay £2 2s. costs.
,,	Skimmed Milk	12.18% added water ...	Proceedings pending
,,	Milk	10.67% deficient in fat ...	Cautioned by Clerk.
Bedwas & Machen	,,	6.24% added water ...	Fined £3 3s.
Caerleon ...	,,	2.24% added water and 4.00% deficient in fat ...	Ordered to pay 10/- costs. No conviction.
,,	,,	6.00% deficient in fat ...	Dismissed.
,,	,,	15.33% deficient in fat ...	Ordered to pay £2 cost. No conviction.
,,	,,	1.77% added water ... 17.23% deficient in fat ...	Appeal to cow sample.
Chepstow ...	,,	3.33% deficient in fat ...	Cautioned by Clerk.
,,	,,	13.00% deficient in fat ...	Cautioned by Clerk.
Ebbw Vale ...	,,	15.00% deficient in fat ...	Withdrawn. Service of summonses by Police too late.
,,	,,	7.65% added water ...	do.
,,	,,	6.71% added water ...	do.
Llanfrecha Upper	,,	19.88% added water ...	Fined £5.
,,	,,	10.83% added water ...	Fined £1.
Nantyglo & Blaina ...	,,	13.67% deficient in fat ...	Cautioned by Clerk.
	,,	8.12% added water ...	Ordered to pay £3 3s. costs.
Pontypool ...	,,	2.00% deficient in fat ...	Cautioned by Clerk.
,,	,,	9.29% added water ...	Fined £3.
,,	,,	8.47% added water ...	Fined £2.
,,	Vinegar	3.35% Acetic Acid ... 0.14% colouring matter ... 96.55% water	Ordered to pay 10/- costs
,,	,,	3.15% Acetic Acid ... 0.52% Colouring Matter ... 96.33% water	Dismissed.
,,	,,	3.15% Acetic Acid ... 0.52% Colouring Matter ... 96.04% water	Ordered to pay 5/- costs
,,	,,	3.07% Acetic Acid ... 0.13% Colouring Matter ... 96.8% water	Fined 15/-.
,,	Malt Vinegar	Not genuine	Cautioned by Clerk.

CHEMICAL AND BACTERIOLOGICAL EXAMINATION OF FOOD.

Full details in connection with the above will be found under the heading " Laboratory Facilities " and " Adulteration, etc.," in this Report.

NUTRITION.

During the year 1931 a Special Enquiry into the state of nutrition of school children in Monmouthshire was made, and a full and comprehensive report upon the results of this Enquiry is given, together with Charts, etc., as an Appendix to the County Education Report for the year 1931. The service for the provision of infant foods, etc., is dealt with in detail in the County Maternity and Child Welfare Report for 1932.

PREVALENCE OF, AND CONTROL OVER, INFECTIOUS AND OTHER DISEASES.

ISOLATION HOSPITALS.

The position as regards Isolation Hospitals within the Administrative County of Monmouth has been commented upon in these reports for a number of years. No additional facilities were available during the year 1932, the position remaining much the same as in the previous year. Under Section 63 of the Local Government Act, 1929, it is the duty of the County Council as soon as may be after the commencement of the Act to make a survey of the hospital accommodation for the treatment of infectious diseases in the County. A preliminary statement respecting the survey and scheme under Section 63 of the Local Government Act, 1929, for the provision of Hospital facilities for persons suffering with, or from, infectious diseases has already been submitted to the County Public Health Committee, details of which were included in the annual report for 1931, and a copy of that statement has been sent to the Ministry of Health (Welsh Board of Health).

At a Special Meeting of the County Public Health Committee, held on the 22nd July, 1932, a Special Report upon the Provision of Isolation Hospital Facilities was submitted and was the detailed report on the survey by the County Medical Officer of Health and the Provisional Scheme of the County Council; the following being the chief matters contained therein :—

" The report is based on a general survey by the County Medical Officer, accompanied by the County Sanitary Inspector, of the hospital accommodation for infectious diseases in the County as a whole and upon a careful inspection of the Isolation Hospitals, in company with the District Medical Officers of Health, and the District Sanitary Inspectors.

Upon the completion of the survey the County Council has to prepare in consultation with the District Councils and other Councils concerned, both

within and without the area of the County, a scheme for the provision of adequate hospital accommodation for the treatment of infectious diseases in the County which shall be submitted to the Minister of Health for his approval.

Under Section 14 (1) of the Local Government Act, 1929, the powers possessed by Local Authorities under Section 131 of the Public Health Act, 1875, as amended by Section 64 of the Public Health Act, 1925, are conferred upon County Councils. The effect of this provision is to give all County Councils power to provide hospitals for the treatment of infectious disease.

A.—STATISTICS OF POPULATION, ACREAGE AND ASSESSABLE VALUE.

	Population Census, 1931.	Area in Acres.	Assessable Value for 1930-31.	Product of a Penny Rate.
Administrative County of Monmouth.	345,755	345,001	£ 1,226,888	£ 4,579

B.—STATISTICS OF THE NOTIFICATION OF INFECTIOUS DISEASE in the Administrative County for the past 10 years, and of the number of cases isolated in Hospital during that period.

Infectious Disease	Total No. of cases notified for the past 10 years, 1922 31.	Average yearly notifications.	Total No. of cases isolated in Hospital during period 1922-1931
1. Typhoid Fever ...	284	28.4	147
2. Scarlet Fever or Scarlartina ...	6693	669.3	877
3. Diphtheria ...	4073	407.3	1078

C.—FACILITIES NOW AVAILABLE.

There is not in existence at present a single hospital in the Administrative County which can be regarded from all standpoints as satisfying the requirements of the Ministry of Health in the matter of adequate facilities and arrangement for the isolation of the infectious sick.

The nearest approach to complete facilities is the hospital provided by the Bedwellty Urban Council at Cwmsyfiog, but here again we have partially corrugated buildings crowded upon area, with other defects which prevent one giving it a bill of excellence; others offering facilities which are not adequate, but which under present circumstances could be made reasonable without a great outlay of capital expenditure, are the Hospitals at Llanfoist, Monmouth and Chepstow.

The arrangements now obtaining in the various districts are as follows:—

URBAN:	Population 1931	
Abercarn ...	20,554	Isolation Hospital at Goverra (for Smallpox). Situation has now become untenable.
Abergavenny ...	8,608	Isolation Hospital, Llanfoist.
Abersychan ...	25,627	No Isolation Hospital.
Abertillery ...	31,799	Isolation Hospital, accommodation inadequate.
Bedwas & Machen	9,190	No Isolation Hospital.
Bedwellty ...	30,069	Isolation Hospital, Coedymoeth.
Blaenavon ...	11,075	No Isolation Hospital.
Caerleon ...	2,326	No Isolation Hospital.
Chepstow ...	4,303	Joint Hospital at St. Arvans with Chepstow Rural District.
Ebbw Vale ...	31,695	No Isolation Hospital.
Llanfrechfa Upper	4,482	No Isolation Hospital.
Llantarnam ...	7,284	No Isolation Hospital.
Monmouth ...	4,731	Isolation Hospital, Buckholt.
Mynyddislwyn ...	16,201	No Isolation Hospital.
Nantyglo & Blaina	13,190	No Isolation Hospital.
Panteg	11,500	No Isolation Hospital.
Pontypool ...	6,788	No Isolation Hospital.
Rhymney ...	10,505	Small Hospital, six beds.
Risca	16,605	No Isolation Hospital.
Tredegar ...	23,195	Ash Vale Isolation Hospital, Tredegar.
Usk	1,315	No Isolation Hospital.

RURAL:	Population 1931.	
Abergavenny ...	8,789	Joint Hospital with Abergavenny Urban District at Llanfoist.
Chepstow ...	8,679	Joint Hospital at St. Arvans with Chepstow Urban District.
Magor	6,674	No Isolation Hospital.
Monmouth ...	6,447	No Isolation Hospital.
Pontypool ...	5,126	No Isolation Hospital.
St. Mellons ...	18,866	No Isolation Hospital.

ISOLATION HOSPITAL ACCOMMODATION.

	Abergavenny Joint Isolation Hospital, Llanfoist.	Abertillery U.D.C. Isolation Hospital, Coedcaedu, Abertillery.	Bedwellty U.D.C. Isolation Hospital, Coedymoeth, Abertargoed	"The Beeches" Isolation Hospital, Abersychan, (Mon). C.C.	Chepstow Joint Isolation Hospital, Usk Road, Chepstow	Monmouth U.D.C. Isolation Hospital, Mansons Cross, Monmouth
Area (in Acres) ...	1	¼—½	2½	—	½	1¼
Room for Extension	Yes	Yes	Yes	Yes	Yes	Yes
Water	Public	Local Springs	Public	Public	Public	Town
Light	Oil	Gas	Electricity	Gas	Electricity	Gas
Sewer	Cesspools	Septic Tanks	Sewer	Sewer	Cesspools	Septic Tank
Type and number of Separate Buildings	One Pavilion and Chalet. Pavilion of galvanized iron. wood lined. Chalet wood.	3 galvanised iron, wood lined. Kitchen brick.	7 galvanised iron, wood lined. Porter's Lodge, brick and stone	Administration Block, brick and stone. Chalet, wood. 4 Huts, wood. Laundry, etc., wood.	One general building, galvanised iron, wood lined	One, stone and brick
Wards	2	2	6	5	5	3
Beds (at 144 square feet each)	14 (at present 20 beds).	16	20 (at present 55 beds).	66 beds 4 cots	20 (at present 36 beds and 4 cots).	9 (at present 12).
Discharge Block ...	No.	No	No	Yes	No	No
Laundry	Hand	No	Electric	Hand	Hand	Hand
Mortuary	No.	No	Yes	Yes	No	No
Disinfector	No.	Yes	Yes	No	No	No
Ambulance	Horse	Horse (dilapidated).	Motor	Motor	Horse	Motor
Kitchen arrangements	Suitable for present needs	Suitable for present needs	Suitable for present needs	Suitable	Not suitable—needs extension	Suitable for present needs
Staff accommodation — Nursing	3	1	3	5 to 7	3	2
Staff accommodation — Domestic	4	2	4	5	2	2
Staff accommodation — Remarks	Further staff accommodation needed	Further staff accommodation needed	Further staff accommodation needed	Accommodation sufficient	Improved staff quarters needed	Improved staff quarters needed

GENERAL ISOLATION HOSPITALS.

It is observed that there are only six Isolation Hospitals in the County which afford Isolation facilities, but it will be necessary in the case of each Hospital to make certain additions and alterations before they can be considered as satisfying the requirements laid down by the Ministry.

These six Isolation Hospitals provide accommodation for 145 patients according to the recognised floor space of 144 square feet per bed as laid down in the Regulations. It was found, however, upon inspection that each of the Hospitals had beds in excess of this number, and the actual number of beds which were available was 189, and 8 cots. The Census population of the County for 1931 was 345,623, and adopting the recognised ratio of one bed per 1,000 population, the accommodation available should consist of not less than 345 beds. From these figures it will be seen that the present accommodation is insufficient, and it will be necessary to make provision for the accommodation of the remaining 200 patients. It is, however, the opinion of the County Medical Officer that the ratio of one bed per 1,000 of population need not be rigidly adhered to regarding these 200 additional beds, *i.e.*, if some system of pooling the facilities be adopted, when it should only be necessary to make provision for approximately 120 additional beds.

D.—SMALL POX ISOLATION HOSPITALS.

The accommodation now available for the isolation and treatment of Small Pox patients is provided at " The Beeches " Isolation Hospital, Abersychan, which is the property of the County Council. The total number of beds available is 66 and 4 cots. The staff accommodation is adequate, and there is ample facilities for extension, both for patients and staff.

E.—PROVISIONAL SCHEME.

(a) It can be definitely stated that the facilities for the isolation of the infectious sick in the Administrative County have never been adequate, and perhaps it would be truer to say that they have been woefully lacking and this lack of provision in many instances has been responsible in a large measure for the fatalities resulting from infectious disease.

Having regard to the economic conditions of the Administrative County one has to refrain from suggesting that the County should embark upon the provision of two or three new isolation hospitals, complete with modern facilities, as this embarkation would involve a rather large capital expenditure.

It is interesting here to note that in a special report provided to the County Council on January 2nd, 1919, upon the provision of isolation hospital facilities, three new hospitals were recommended and the principle was approved.

As has already been stated in the survey submitted by the County Medical Officer, the total number of beds available at the suitable hospitals, based upon the figure of 144 square feet per bed, would be 145, but at present there is provided 189 beds and 8 cots. Of this latter figure, 66 beds and 4 cots are set aside at " The Beeches " Isolation Hospital, Abersychan, for the isolation and treatment of Small Pox patients.

(b) Arising from the visits of the County Medical Officer, who was accompanied by the County Sanitary Inspector, to the isolation hospitals within the Administrative County, which offered anything like suitable facilities, the results of those visits were that the only hospitals that can be recommended for consideration as being suitable to form part of a scheme are the following, but it will be necessary to make certain additions at each of the hospitals :—

(1) Bedwellty—

(a) A discharge Block.
(b) New Nursing and Staff Quarters.
(c) Increased Lavatory Accommodation.

(2) Abergavenny—

(a) A Discharge Block.
(b) A Chalet for Nursing and Staff Quarters.
(c) A Mortuary.
(d) A Laundry.
(e) Improved Sanitary Accommodation.

(3) Monmouth—

(a) A Discharge Block.
(b) A Mortuary.
(c) Additional Nursing and Staff Accommodation.
(d) Increased Laundry Accommodation.

(4) Chepstow—

(a) A Discharge Block.
(b) Nursing and Domestic Quarters.
(c) Disinfecting Apparatus.
(d) Improved Kitchen and Laundry Accommodation.

(5) " The Beeches "—

Very little improvement will be necessary excepting that a disinfecting apparatus will have to be installed.

(6) Abertillery—
(a) A Small Discharge Block.
(b) Additional Laundry Accommodation.
(c) Additional Nursing and Staff Accommodation.

Full particulars of the accommodation and facilities at each of the above hospitals are given in the table submitted.

(c) Regarding the several smaller isolation hospitals included in the survey, it is not intended to include in the scheme any of these Hospitals, on the ground of unsuitability, both as regards accommodation and position.

(d) As already stated under Section (a), the present bed accommodation is inadequate. The number of beds available based upon the 144 square feet per bed being 145. When the ratio of one bed per 1,000 of population is taken into consideration, it will be found that acting upon this basis it seems as if it is necessary to provide accommodation for a further 200 patients, but as a general pooling arrangement of the hospital accommodation could be arranged, this number can be materially reduced to approximately 120 beds, and thus obviating the necessity of a strict adherence to the ratio of one bed per 1,000 of population.

As it is the intention under the scheme to utilise the accommodation now available at " The Beeches " Isolation Hospital, Abersychan, for general infectious diseases, accommodation would then become necessary for Small Pox patients and it is proposed to adopt the Isolation Hospital at Abertillery for this purpose, which, in the opinion of the County Medical Officer, will be sufficient to meet the ordinary needs of the County.

(e) If the proposals embodied in this scheme are adopted it will become the duty of the Monmouthshire County Council to provide the additional accommodation, and also provide for the extensions and additions previously outlined.

As provision is already available for a portion of the Rhymney, Sirhowy and Eastern Valleys, the most suitable part of the County for the erection of a hospital or hospitals to provide for the Western Valleys and the remaining portion of the industrial districts, is somewhere in the vicinity of the area of Crumlin, Trinant, Oakdale and Pentwynmawr.

(f) The nature of any arrangements which may be made to make existing accommodation for use of persons resident outside the area for which it is provided, and the terms upon which these arrangements should be made, is discussed in the alternative to the scheme. If the scheme is adopted, hospital accommodation not immediately required in one district

could be made available for overflow cases from another district or districts.

(g) If the scheme as proposed is not adopted the question of any new combinations or changes in the constitution of existing combinations of district councils is dealt with in the alternative proposals to the scheme.

(h) At present no definite arrangements have been entered into between the Monmouthshire County Council and the adjoining County Boroughs, but in several instances District Councils have made arrangements for the reception of their infectious sick into the Isolation Hospital controlled by the County Borough of Newport. This arrangement will not be necessary if the scheme proposed, or the alternative proposals now being put forward, are adopted, as sufficient accommodation will be provided within the Administrative County.

F.—POLICY AS TO SMALL POX HOSPITALS.

Having regard to the experience gained during the recent epidemic of Small Pox in the County of Monmouth, it can be safely said that the present position as regards Hospital accommodation for Small Pox in the County can be deemed satisfactory. The County Council is the authority responsible for the isolation and treatment of Small Pox cases, and as already stated in an earlier part of this report, the isolation hospital at Abertillery can be made sufficient to meet the needs after the suggested additions and improvements have been put into effect. Should this accommodation prove inadequate during an epidemic period, it would be an easy matter to allocate one of the other isolation hospitals for the purpose.

G.—ISOLATION HOSPITAL ACCOMMODATION FOR SPECIAL CASES.

The Minister of Health has drawn attention to the growing need for the provision of hospital accommodation for the treatment of complicated cases of measles, influenza, pneumonia, whooping cough and the acute infectious diseases of the central nervous system which are not at present provided for. In the past certain of these cases have been admitted to general hospitals and public assistance institutions, and this will no doubt be continued. The provision of any extended hospital accommodation in the County for these cases, however, is not practicable, but it can be recommended that the larger isolation hospitals in the County should be in a position to make provision for one or two cases of diseases other than those normally treated at the hospital. This accommodation need not be of an extensive or elaborate character, and can best be provided by means of a small observation unit with a small number of beds in separate cubicles.

H.—RECOMMENDATIONS.

The main suggestions discussed in this Report are submitted in the following recommendations :—

(1) That the Monmouthshire County Council shall become the responsible body for the provision of adequate isolation hospital accommodation within the County.

(2) That the Monmouthshire County Council shall, for the purpose of providing the accommodation necessary, take over by agreement with the Local Authorities and the Joint Hospital Committees concerned, the following Isolation Hospitals :—

(a) The Bedwellty Urban District Council's Isolation Hospital, Coedymoeth, Aberbargoed.

(b) The Abergavenny Urban and Rural Councils' Joint Isolation Hospital, Llanfoist.

(c) The Monmouth Urban and Rural Councils' Joint Isolation Hospital, Buckholt, Monmouth.

(d) The Chepstow Urban and Rural Councils' Joint Isolation Hospital, Usk Road, Chepstow.

(e) The Abertillery Urban District Council's Isolation Hospital, Coedcaedu, Abertillery.

(3) That the Monmouthshire County Council's Isolation Hospital, " The Beeches," Abersychan, be utilised for the isolation and treatment of general infectious diseases, and not for Small Pox as at present.

(4) That the Isolation Hospital of the Abertillery Urban District Council, when taken over, be utilised for the isolation and treatment of Small Pox cases.

(5) That the Monmouthshire County Council make the necessary alterations and additions as enumerated in the schedule and as shown on the plans attached as an appendix to the Report.

(6) That the Monmouthshire County Council make provision in the form of a new Isolation Hospital or Hospitals, situated in the position previously mentioned in this Report, and so provide the necessary facilities to deal with cases of infectious disease arising in the Western Valleys of the County.

(7) That consideration be given to the possible provision in some of the larger hospitals in the County of accommodation for cases of infectious

disease other than those now normally isolated, as mentioned in the body of the Report.

(8) That the several small Isolation Hospitals in the County, not mentioned as being suitable for taking over by the County Council, be closed.

(9) That a conference be held with all the Local Authorities and Hospital Authorities, to discuss the provisions of the scheme.

I.—ALTERNATIVE TO THE MAIN SCHEME.

As will be observed, certain of the Local Authorities do not own or are not partners in the ownership of any infectious diseases hospital and have to make such arrangements as they can from time to time with other Authorities to take cases of infectious disease arising within their districts.

As an alternative to the main scheme of the County Council it is suggested that certain infectious diseases hospitals should be developed and their accommodation increased and that the remaining smaller isolation hospitals be closed as soon as accommodation elsewhere can be provided.

The ultimate aim of the Monmouthshire County Council for this service is for the provision of sufficient isolation hospital accommodation placed in favourable geographical positions within the Administrative County.

It is suggested that Hospital Districts shall be formed and which shall comprise of the following Urban and Rural Districts :—

Hospital District No. 1.—Served by the Bedwellty Isolation Hospital, Coedymoeth, Aberbargoed.

Bedwellty Urban District.
Bedwas and Machen Urban District.
Mynyddislwyn Urban District.
Rhymney Urban District.
Tredegar Urban District.
St. Mellons Rural District.

Hospital District No. 2.—Served by the suggested new Hospital.

Abercarn Urban District.
Abertillery Urban District.
Ebbw Vale Urban District.
Nantyglo and Blaina Urban District.
Risca Urban District.

Hospital District No. 3.—Served by " The Beeches " Isolation Hospital, Abersychan.

Abersychan Urban District.
Llantarnam Urban District.
Llanfrechfa Upper Urban District
Panteg Urban District.
Pontypool Urban District.

Hospital District No. 4.—Served by Chepstow Isolation Hospital, Chepstow.

Chepstow Urban District.	Caerleon Urban District.
Chepstow Rural District.	Magor Rural District.

Hospital District No. 5.—Served by Monmouth Isolation Hospital, Monmouth.

Monmouth Urban District.	Usk Urban District.
Monmouth Rural District.	

Hospital District No. 6.—Served by the Abergavenny Hospital, Llanfoist.

Abergavenny Urban District.	Blaenavon Urban District.
Abergavenny Rural District.	Pontypool Rural District.

J.—

Apart from the above suggestions as to the formation of Hospital Districts, it is obviously desirable that arrangements should be made by which accommodation in the hospitals in the different districts of the County should be made interchangeable. Every authority maintaining a hospital to which in accordance with the provisions of this scheme patients residing in a district other than the district for which the hospital was provided, are to be admitted, subject to accommodation being available, shall also, if in the opinion of the County Medical Officer, admit patients from other districts within the County on such terms as may be agreed between the authorities concerned and approved by the County Council. In a County the size of Monmouthshire with its excellent roads such an arrangement can easily be made and will secure the fullest and most economical use of beds in isolation hospitals. A general pooling arrangement of this kind would obviate the necessity of a strict adherence to the ratio of one bed per 1,000 of the population.

The Monmouthshire County Council shall have direct representation upon any Joint Hospital Committee or other Board set up in any hospital district, and that in the event of disagreement between County Districts as to the terms, financial or otherwise, upon which one district shall provide accommodation for another, the County Council be empowered to arbitrate upon the same.

K.—

The most important points in policy which should first of all be decided are: (1) the division of the County into hospital districts with Hospital Boards or Committees, and the provision of permanent hospital provision by those districts for which no such accommodation is available; (2) the adoption for the whole County of a system of pooling of accommodation.

L.—SMALL POX.

The Isolation Hospital of the Abertillery Urban District Council to be taken over by the County Council for the isolation and treatment of Small

Pox cases. The Monmouthshire County Council shall be responsible, as at present, for the isolation and treatment of patients suffering from this disease.

CONFERENCES.

Conferences of representatives of local Authorities in Monmouthshire with the County Public Health Committee were held on February 2nd and June 27th, 1933.

The Chairman of the County Public Health Committee presided.

There were present representatives from :—Abercarn, Abergavenny, Abersychan, Abertillery, Bedwas and Machen, Bedwellty, Blaenavon, Caerleon, Chepstow, Ebbw Vale, Llanfrechfa Upper, Llantarnam, Monmouth, Mynyddislwyn, Nantyglo and Blaina, Panteg, Pontypool, Rhymney, Risca, Tredegar Urban District Councils, and Abergavenny, Chepstow, Magor, Pontypool and Monmouth Rural District Councils.

The Chairman pointed out that the meeting had been convened to obtain the views of the representatives of various Authorities upon the proposals for Isolation Hospital facilities outlined in the scheme presented by the County Medical Officer, and which had been approved by the County Council for presentation to the conference.

There had also been circulated to the various Authorities an amended schedule of the cost of the schemes and these now were more or less authoritative figures.

He desired to point out to the meeting that whilst the County Council invited the various representatives to give the views of their Authorities upon the proposals presented, the ultimate decision rested with the County Council who were compelled under Section 63 of the Local Government Act, 1929, to present a scheme for the provision of Isolation facilities within the Administrative County of Monmouth to the Ministry of Health.

The County Medical Officer reviewed shortly the proceedings at the previous conference held on Thursday, February 2nd, 1933, and replied to certain criticisms offered at that conference.

He desired to inform the conference that an investigation had been conducted by the Ministry of Health into the medical services of the County, including the facilities now in vogue. A special report of the Ministry to the County Council stated that the Department are advised that increased hospital accommodation in the area for persons suffering from infectious diseases is urgently required, and they trust, therefore, that the scheme which it is the duty of the County Council to make under Section 63 of the Local Government Act, 1929, will be submitted at an early date.

A general discussion upon the facilities provided and the need for further accommodation ensued, and the representatives were almost evenly divided as regards (1) the definite need of providing further facilities, and (2) the provision of no facilities at all.

A resolution and an amendment was moved.

A vote was taken upon the proposition " that the present time was inopportune to consider the furtherance of either of the suggested schemes, and that consideration of same be deferred," and an amendment, " that both schemes placed before the conference be rejected."

The votes recorded by the respective District Councils were as follows :—

For the resolution, 9. For the amendment, 13.

Three refrained from voting, and two districts of the County were not represented.

The Reports of the conferences already referred to were placed before a special meeting of the Public Health and Housing Committee, held at the County Hall, Newport, on Monday the 17th July, 1933, and it was resolved that the Alternative Scheme submitted by the County Medical Officer in his Report of the 22nd July, 1932, shall be the scheme adopted for submission to the Minister of Health for his approval.

The Alternative Scheme, however, it is suggested, shall not be proceeded with in its entirety at the present juncture, and representations will be made to the Minister of Health that for the time being the provision of 44 beds only be proceeded with, and that the construction of the Isolation Hospital to serve the Western Valleys Area be deferred until the financial position of the County would warrant the expenditure of the capital sum of money required for the erection of the Hospital.

However, the additional buildings for administrative purposes to be erected at the four existing Hospitals shall be proceeded with at the same time as the erection of the Ward Blocks giving the additional 44 bed accommodation.

INFECTIOUS DISEASES, 1932.

The seven principal Zymotic Diseases are Small-pox, Measles, Scarlet Fever, Diphtheria, Whooping Cough, Fever (including Typhus, Enteric, and Continued Fevers), and Diarrhœa (under 2 years).

These diseases caused 130 deaths and gave a Zymotic death-rate of ·37 for the County, as compared with a rate of ·36 for the year 1931, ·30 for 1930, ·51 for 1929, ·451 for 1928, ·377 for 1927, ·30 for 1926, ·73 for 1925, ·38 for 1924, ·85 for 1923, ·46 for 1922, ·94 for 1921, 1·15 for 1920, ·61 for 1919, 1·26 for 1918,

·96 for 1917, ·72 for 1916, 1·05 for 1915, 1·73 for 1914, 1·29 for 1913, 1·86 for 1912, 2·5 for 1911, 1·22 for 1910, ·87 for 1909, 1·5 for 1908, for the County.

Table showing death rate and attack (notification) rate of Zymotic Diseases in the County of Monmouth during the year 1932.

Population for death rate and attack (notification) rate, 343,960.

Disease	No. of Deaths.	Death Rate per 1000 of population.	No. of notifications.	Attack Rate per 1000 of population.	England & Wales death rate per 1,000 of population
Small Pox	—	—	—	—	.00
Measles (including German Measles)	19	.05	Not notifiable	—	.08
Scarlet Fever	20	.05	1513	4.39	.01
Diphtheria (including Membranous Croup) ..	33	.09	478	1.39	.06
Whooping Cough ...	25	.07	Not notifiable	—	.07
Fever (including Typhus, Enteric and Continued Fevers)	1	.002	1	.002	.01
Diarrhoea (under 2 years)	32	.09	Not notifiable	—	6.6
Totals	130	.352	1992	5.782	—

* Notifiable Diseases only.

Comparison of Infectious Diseases Death Rates in Monmouthshire.

	Measles and German Measles.	Scarlet Fever.	Whooping Cough.	Diphtheria.	Typhoid	Small-pox
Average for years 1907-1913 inclusive ...	·43	·07	·92	·13	·09	...
1914	·47	·13	·12	·17	·03	...
1915	·71	·09	·33	·19	·03	...
1916	·04	·06	·21	·12	·04	...
1917	·30	·02	·11	·06	·079	...
1918	·53	·03	·30	·08	·02	...
1919	·003	·06	·28	·07	·03	...
1920	·51	·06	·16	·18	·01	...
1921	·02	·03	·17	·12	·01	...
1922	·03	·02	17	11	·01	...
1923	·41	·01	·22	·09	01	...
1924	·03	·03	·07	·1	·02	...
1925	·20	·02	·21	·1	·02	...
1926	·02	·008	·07	·06	·01	...
1927	·097	·005	·09	·035	·008	·008
1928	·11	·002	·11	·055	·013	...
1929	·10	·008	·20	·07	·016	·002
1930	·03	·01	·07	·08	·005	·005
1931	·15	·02	·01	·05	·008	...
1932	.05	.05	.07	.09	.002	...

The following is a summary of the weekly notifications of infectious diseases received during the year from the Local Medical Officers of Health :—

DISTRICTS	Estimated Population, 1932 for estimating Notification rate	Small-pox	Scarlet Fever.	Diphtheria.	Enteric Fever.	Pneumonia.	Pulmonary Tuberculosis	Other Tubercular Diseases.	Erysipelas.	Puerperal Fever.	Encephalitis Lethargica.	Ophthalmia Neonatorum.	Chicken Pox	Cerebro Spinal Fever	Puerperal Pyrexia	Acute Poliomyelitis	Malaria
URBAN.																	
Abercarn	20,260	...	71	9	...	5	13	7	1	...	...	2	22	1	1	...	...
Abergavenny (Borough) ...	8,480	...	4	58	...	...	14	1	...	...	...	...	...	...	1	...	...
Abersychan	25 500	...	23	13	...	7	40	12	6	1	...	2	...	...	2	..	...
Abertillery	31,560	...	150	33	...	11	36	16	7	1	...	2	...	...	1	...	...
Bedwas and Machen ...	8.949	...	6	47	...	27	19	4	1	...	...	...	...	...	3	...	...
Bedwellty	29,900	...	181	116	...	31	57	27	12	1	...	5	...	1	3	...	...
Blaenavon	11,050	...	6	17	...	14	31	9	...	...	...	3	...	...	...	...	...
Caerleon	2.489	...	4	...	...	1	5	...	1	...	...	...	...	...	...	...	...
Chepstow	4.194	...	26	3	...	12	1	...	...	...	...	...	...	...	...	...	...
Ebbw Vale	31 500	...	214	57	...	81	42	22	11	...	...	5	378	...	1	3	...
Llanfrechfa Upper ...	4,491	...	10	...	...	2	4	1	3	...	...	..	...	...	...	...	...
Llantarnam	7,189	...	29	...	...	7	11	2	2	...	...	...	...	...	...	1	...
Monmouth (Borough) ...	4,874	...	1	2	...	...	4	1	...	...	...	1	...	...	1	...	..
Mynyddislwyn	16,140	...	102	12	...	1	33	12	6	...	...	3	...	1	...	...	...
Nantyglo and Blaina ...	13.220	...	11	13	...	15	19	11	2	...	...	2	...	1	...	...	...
Panteg	11.370	...	18	14	...	...	14	3	2	...	...	...	...	...	1	...	...
Pontypool	6,834	...	16	8	...	...	16	5	...	...	...	...	...	...	1	...	...
Rhymney	10.450	...	202	7	...	1	11	9	2	...	...	1	...	...	2	...	...
Risca	16,540	...	35	4	...	8	33	13	3	...	...	1	...	...	1	...	...
Tredegar	23,010	...	190	32	...	55	22	25	27	3	...	4	...	1	5	...	4
Usk	1,300	..	...	...	...	...	1	1	...	...	...	...	...	...	...	...	...
Totals Urban ...	289 300	...	1299	445	...	278	426	181	86	6	...	31	400	5	23	4	4
RURAL.																	
Abergavenny	8,667	...	7	14	...	1	14	2	2	...	2	...	...	...	...	...	...
Chepstow	8,705	...	37	10	...	2	...	...	...	...	...	...	...	...	...	...	...
Magor	6.678	...	36	1	...	2	7	2	...	...	...	...	...	...	...	...	...
Monmouth	6.437	...	2	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Pontypool	5,063	...	4	1	1	1	4	2	1	...	...	...	3	...	...	...	...
St. Mellons	19,110	...	128	7	...	4	16	12	3	...	1	1	...	...	1	...	...
Totals Rural ...	54.660	...	214	33	1	10	41	18	6	...	3	1	3	...	1	...	...
Grand Totals ...	343.960	...	1513	478	1	288	467	199	92	6	3	32	403	5	24	4	4

The number of cases of infectious diseases removed to Hospitals during the year was as follows:—

CASES REMOVED TO HOSPITAL

DISTRICT	Small Pox	Diphtheria	Erysipelas	Scarlet Fever	Tuberculosis	Ophthalmia Neonatorum	Cerebro-Spinal Fever	Acute Poliomyelitis	Enteric Fever	Puerperal Fever	Chicken Pox	Pneumonia	Encephalitis Lethargica	Puerperal Pyrexia	Polioencephalitis
Urban—															
Abercarn	...	...	...	...		...	...	...	...	...	...	15	...	...	...
Abergavenny ...	...	44	...	1		...	...	...	...	...	...	..	..	...	...
Abersychan	...	...	...	...		...	...	...	...	1	...	...	...	...	...
Abertillery	...	...	...	...		...	...	...	...	...	...	...	...	...	...
Bedwas and Machen	...	...	...	...		...	...	...	...	...	...	...	...	...	...
Bedwellty	...	125	...	215		...	1	...	...	...	...	...	...	...	...
Blaenavon	...	...	...	...		...	...	...	...	...	...	...	...	...	...
Caerleon	...	...	...	...		...	...	...	...	...	..	...	..	...	...
Chepstow	...	3	...	22		...	...	...	...	..	...	4	...	...	...
Ebbw Vale	...	37	...	...		...	...	...	...	...	...	...	...	...	...
Llanfrechfa Upper ...	...	...	..	...		...	...	...	...	...	...	...	...	...	...
Llantarnam ...	...	...	...	...		...	...	...	...	...	.	...	...	...	1
Monmouth	...	...	...	...		...	...	...	...	..	...	..	...	...	...
Mynyddislwyn ...	...	3	1	3		...	1	...	...	...	...	...	...	...	...
Nantyglo and Blaina	...	2	...	...		...	...	...	...	...	...	.	...	...	...
Panteg	...	..	...	...		...	...	...	...	...	...	...	...	...	...
Pontypool	...	...	...	1		..	...	...	...	...	..	...	...	1	...
Rhymney	...	...	...	2		...	...	...	...	...	...	...	...	...	...
Risca...	...	1	...	...		...	...	...	...	...	...	...	...		...
Tredegar	...	18	...	51		...	...	...	...	...	...	...	...	...	...
Usk	...	...	...	...		...	...	...	...	...	..	...	...	...	...
Rural—															
Abergavenny ...	...	6	...	1		...	...	...	...	...	...	...	...	.	...
Chepstow	...	9	...	31		...	...	...	...	...	...	...	...	...	...
Magor	...	...	...	2		...	...	...	..	...	...	..	...	...	...
Monmouth	...	..	...	...		...	...	...	...	...	..	...	...	...	...
Pontypool	...	...	...	...		...	...	...	...	...	..	...	...	...	...
St. Mellons	...	1	...	13		...	...	...	...	...	...		...	...	...
Totals	...	249	1	342		...	2	...	...	1	...	19	...	1	1

See Table later in this Report.

The above has been compiled from the returns submitted by the District Medical Officers of Health.

Analysis of the Total Cases and Deaths from Notifiable Diseases according to Age Groups.

Disease	CASES NOTIFIED. AGE GROUPS.													DEATHS. AGE GROUPS.											
	Under 1 year	1-2	2-3	3-4	4-5	5-10	10-15	15-20	20-35	35-45	45-65	65 and over	Total all ages	Under 1 year	1-2	2-3	3-4	4-5	5-10	10-15	15-20	20-35	35-45	45-65	65 and over	Total all ages
Diphtheria	7	11	31	33	42	166	100	32	47	6	3	...	478	...	1	4	3	4	9	1	...	2	...	...	...	24
Scarlet Fever	22	43	106	133	163	632	270	69	59	13	3	...	1513	2	...	...	1	...	9	...	...	1	1	...	...	14
Enteric Fever	...	...	...	...	...	...	...	...	1	...	...	...	1	...	...	...	...	...	...	...	...	1	...	...	...	1
Pneumonia ...	35	21	23	20	13	34	16	14	43	18	40	11	288	30	8	12	2	5	5	4	4	9	12	35	9	135
Puerperal Fever... ...	...	...	...	...	...	...	...	...	3	3	...	...	6	...	...	...	...	..	...	...	...	..	2	...	...	2
Cerebro Spinal Fever ...	1	...	..	...	.	1	1	...	...	1	1	...	5	1	...	...	...	...	1	1	...	...	...	1	...	4
Acute Poliomyelitis ...	...	...	3	...	1	...	...	...	...	...	...	...	4	...	...	...	...	...	...	...	...	...	...	...	...	...
Polioencephalitis ...	...	...	...	...	...	...	...	..	...	...	...	...	...	...	...	...	...	...	...	..	...	...	...	...	...	...
Encephalitis Lethargica	...	...	...	...	...	...	..	...	1	2	...	...	3	...	..	...	...	...	...	...	...	1	1	...	...	2
Dysentery	...	...	...	...	...	..	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Ophthalmia Neonatorum	32	...	...	...	...	...	...	...	...	...	..	...	32	...	...	...	...	...	...	...	...	...	...	..	...	...
Puerperal Pyrexia ...	...	...	...	...	...	...	...	1	17	6	...	...	24	...	...	...	...	...	..	...	...	3	...	...	...	3
Chicken Pox	21	22	39	31	59	210	19	1	...	1	...	...	403	...	...	...	...	...	..	...	...	...	...	..	...	...
Erysipelas	1	...	...	...		...	1	...	21	20	32	17	92	..	...	...	...	...	...	...	...	...	1	1	1	3
Totals .	119	97	202	217	278	1043	407	117	192	70	79	28	2849	33	9	16	6	9	24	6	4	17	17	37	10	188

Particulars respecting Tuberculosis cases will be found later in this report.

The table has been compiled from returns received from the District Medical Officers of Health.

SMALL-POX.

The epidemic of Small Pox which commenced in 1927 disappeared entirely towards the end of the year 1931. Particulars respecting the number of cases notified and the action taken generally with regard to the isolation and treatment of the cases discovered has been fully dealt with in the Annual Reports issued since 1927. " The Beeches " Isolation Hospital, Abersychan, has been idle during the whole of the year under review.

VACCINATION.

Under the Local Government Act, 1929, the functions relating to Vaccination came under the control of the County Council as and from the 1st April, 1930, as one of the functions relating to infant life protection and public health, and which were formerly discharged by the Poor Law Authorities. This has the effect of making it obligatory to discharge vaccination functions under Public Health and not Poor Law powers. Since the transfer of these functions the work has been administered by the County Medical Officer, and all reports relating to Vaccination are submitted to him. According to the instructions of the Registrar-General, the following is a summary of the returns made by the Vaccination Officers relating to children whose births were registered during the year 1931.

	Per cent.
Successfully Vaccinated	22·3
Insusceptible of Vaccination	·06
Had Small-pox	Nil
Declarations of Conscientious Objection received	62·2
Died Unvaccinated	5·0
Postponement by Medical Certificate ...	1·3
Removal to districts, the Vaccination Officers of which have been duly apprised ...	1·0
Removal to places unknown	2·4
Number of cases not included under any of the above-named headings	5·3

The Registrar-General asks that the attention of the Council be drawn to the number of children who have not been duly vaccinated or otherwise accounted for as regards Vaccination, *viz.*, 326 or 5·3 per cent., and he desires action to be taken.

From the reports which have been received from the District Medical Officers of Health, it would appear that no primary vaccinations or re-vaccinations have been performed by the Medical Officers of Health under the Public Health (Small Pox) Regulations, 1917.

The following is a return showing the number of persons successfully vaccinated and re-vaccinated at the cost of the rates by the Medical Officers of Poor Law Institutions and the Public Vaccinators during the year ended 30th September, 1932. The figures for the Poor Law Institutions are given separately.

District No.	Name of Poor Law Institution or Vaccination District.	Name of Medical Officer or Public Vaccinator	Number of successful Primary Vaccinations of Persons :—			No. of successful Re-vaccinations i.e., successful Re-vaccinations of persons who had been successfully vaccinated at some previous time.
			Under one year of age.	One year and upwards.	Total.	
		Drs. :—				
1	Christchurch ...	Glyn Morgan ...	—	...	...	...
2	St. Woolos ...	C. E. P. Forsyth ...	17	1	18	3
3	Abercarn Upper ...	M. Ryan ...	62	8	70	1
4	Abercarn Lower ...	E. M. Griffith ...	9	5	14	...
5	Mynyddislwyn ...	C. G. Mackay ...	67	7	74	8
6	Magor ...	G. R. Strong ...	1	1	2	1
7	Bedwas & Machen ...	C. P. Davies ...	20	...	20	2
8	Rogerstone ...	G. E. Hull ...	30	1	31	...
9	Maesycwmmer ...	D. Macaulay ...	...	9	9	...
10	Caerleon ...	A. M. M. Roberts	39	...	39	1
11	Marshfield ...	S. Hamilton ...	5	...	5	...
12	Risca ...	N. N. Wade ...	41	2	43	8
13	Llantarnam ...	F. Carlton Jones ...	63	1	64	2
14	Malpas ...	H. A. Keane ...	10	1	11	...
15	St. Mellons ...	H. C. Conwy Joyce	20	3	23	1
16	Monmouth ...	W. H. Williams ...	30	6	36	12
17	Rockfield ...	W. H. Williams ...	8	4	12	...
18	Monmouth P.L. Inst ...	W. H. Williams ...	...	...	...	...
19	Trelleck ...	P. G. Harvey ...	3	1	4	...
20	Raglan ...	W. M. Langdon ...	5	5	10	2
21	Skenfrith ...	A. M. Humphry	2	...	2	...
22	Chepstow ...	T. L. Drapes ...	30	9	39	3
23	Shirenewton ...	T. L. Drapes ...	7	2	9	...
24	Caldicot ...	R. G. Vaughan ...	11	7	18	1
25	Tintern ...	T. L. Drapes ...	3	2	5	...
26	Beaufort & Rassau ...	A. Brooks ...	11	6	17	...
27	Dukestown & Llechryd	A. H. Musgrove ...	26	..	26	...
28	Grosmont & Llangua ...	A. M. Humphry ...	2	...	2	...
29	Blaenavon ...	J. Reynolds ...	14	1	15	...
30	Llanarth ...	W. T. E. Blackmore	8	1	9	1
31	Abergavenny ...	D. W. Fryer ...	31	5	36	1
32	Abergavenny P.L. Inst	H. L. S. Griffiths	3	...	3	...
33	Llanhilleth ...	T. J. Frost ...	5	2	7	...
34	Usk	E. L. M. Hackett ...	31	2	33	...
35	Coedygric P.L. Inst. ...	J. Powell Jenkins	5	15	20	...
36	Panteg ...	J. Powell Jenkins	36	6	42	3
37	Abersychan (North) ...	R. J. S. Verity ...	9	4	13	4
38	Abersychan (Central) ..	J. B. MacQuillan .	5	7	12	5
39	Pontypool ...	T. J. McAllen ...	16	9	25	2
40	Nantyglo ...	J. H. Verwey ...	8	5	13	2
41	Blaina ...	F. M. Wallen ...	8	4	12	...
42	Ebbw Vale, No. 1. ...	F. M. Fonseca ...	55	5	60	6
43	Ebbw Vale, No. 2. ...	J. McCaig ...	19	...	19	...
44	Ebbw Vale, No. 3. ...	T. L. Harrison ...	10	2	12	...
45	Tredegar ...	J. G. Owen ...	92	7	99	7
46	Rhymney ...	R. V. de Acton-Redwood ..	90	...	90	8
47	New Tredegar ...	S. R. MacMillan ...	76	6	82	14
48	Abertysswg ...	L. C. Mascarenhas	21	...	21	...
49	Abertillery ...	S. Simons ...	12	5	17	10
50	Argoed & Hollybush ...	W. H. Reynolds ...	30	1	31	4
51	Aberbargoed & Pengam	S. R. MacMillan ...	...	...	...	†
52	Bedwellty P.L.Inst. ...	J. G. Owen ...	19	2	21	...
53	Blackwood ...	D. Macaulay ...	18	...	18	3
		Totals ...	1143	170	1313	115

† Register destroyed

Summary of returns under the Vaccination Acts, 1867—1907, and Vaccination Order, 1930, during the year ended 31st December, 1932:—

Vaccination Officer.	District.	No. of Cases on birth list.	No. of Certs. of Vaccination received	No. of Certs. of postponement.	No. of Conscientious objections.	No. of Cases.	
						Parents removed out of District	Otherwise not found
G. E. Coombe	Abergavenny	202	75	2	116	—	2 & 17 deaths
	Grosmont	5	1	—	4	—	—
A. Evans	Llantarnam	136	64	3	67	6	—
	Rogerstone	444	113	17	289	12	3
	St. Woolos	106	26	3	64	7	—
H. C. Davies	Usk	62	26	1	25	5	—
M. J. Farmer	Monmouth	91	34	3	26	—	—
D. Fraser	Chepstow	218	89	3	80	—	—
R. H. Green	Caerleon	118	51	3	82	1	—
	Trelleck	69	18	2	31	1	—
J. Jenkins	Llanhilleth	167	8	1	83	—	—
J. Morgan	Blaenavon	193	1	—	150	—	—
A. Phillips	Abertillery	605	30	5	479	11	—
	Ebbw Vale	447	103	8	302	15	—
	Tredegar	618	143	—	373	12	1
	Rhymney	638	300	3	288	14	1
	Beaufort	126	38	3	79	5	1
E. Rowland	Mynydd'lwyn	822	155	18	573	73	3
A. E. Speneer	Pontypool	545	53	—	466	1	—
	Panteg	213	72	—	154	—	—
Totals ...		5825	1400	75	3731	163	11 & 17 deaths

SCARLET FEVER.

There has been a further increase in the number of cases of Scarlet Fever during the year, 1,513 cases being notified, as compared with 1,323 in 1931, 949 in 1930, 540 in 1929, 369 in 1928, 353 in 1927, and 335 in 1926. In 1932 there were 20 deaths, in 1931, 9 deaths; in 1930, 5 deaths; in 1929, 3 deaths; in 1928, 1 death, in 1927, 2 deaths, and in 1926, 3 deaths. From the reports which have been received from the District Medical Officers of Health, it would appear that the disease in 1932 was of a milder type than in the previous year. The Medical Officer of Health for the Bedwellty Urban District states that since using anti-toxin, the number of complications are being reduced to a minimum. In the districts of the County where isolation hospital accommodation has not been provided, and when it is impossible to isolate and treat the cases in their homes, arrangements have been made with other Authorities to isolate and treat the serious cases. In the Bedwellty Urban District where adequate isolation hospital accommodation is provided, all cases of Scarlet Fever are removed to the Isolation Hospital at Coedymoeth, Aberbargoed. Immediately upon receipt of a notification the Sanitary Inspectors of the County visit the case and issue instructions to the person in charge regarding isolation

and treatment. Enquiries are also made as to the possible source of infection, and the sanitary conditions of the houses are investigated. At the termination of the case the house, bedding, etc., is thoroughly disinfected. Disinfectants are supplied to the home during the period of infection. Extreme difficulty is experienced in dealing effectively with Scarlet Fever owing to the inadequate isolation hospital accommodation. It is, however, hoped that in the near future, a general scheme for the whole of the County will be put into operation, with the probable effect of checking the spread of infection. The " Dick ' test does not appear to have been carried out in any of the Districts of the County.

DIPHTHERIA.

The number of cases of Diphtheria notified during the year 1932 was 478 which is an increase upon the figure for the previous year, when the number was 455. During 1930, 455 cases were notified, in 1929, 459 cases; in 1928, 269 cases; in 1927, 254 cases, and in 1926, 355 cases. The number of deaths recorded in 1932 was 33, in 1931, 23; in 1930, 29; in 1929, 27; in 1928, 20; in 1927, 13; and in 1926, 24. Examination of swabs taken from the nose and throat of children attending school is carried out for the purpose of discovering " carriers." These examinations are conducted at the County Laboratory, Newport, by the County Pathologist, Dr. Gwyn Rocyn Jones, and all " carriers " found are excluded from school. In most of the districts provision is made for the free supply of anti-toxin and can be obtained by the medical practitioners either from the Local Medical Officer of Health or from the Sanitary Inspector. Where possible cases of Diphtheria are isolated and treated in isolation hospitals, but as this provision is inadequate all the cases cannot be removed. The cases are regularly visited by the District Sanitary Inspectors, disinfectants are supplied, and observations made. At the termination of the case the premises are disinfected thoroughly. Where the local authority has the necessary facilities the bedding and clothing are removed for disinfection by means of a disinfecting apparatus. There are not many districts in the County in possession of a steam disinfector. Owing to the incidence of severe Diphtheria in the Argoed and Markham districts, the District Medical Officer of Health for Bedwellty communicated with the County Public Health Department. A consultation between the County Medical Officer and the District Medical Officer was held and it was decided that all children attending Schools in these areas should be swabbed, with the result that 83 children were found to be " Carriers." The children attending these schools, and also the children at home were " Schick " tested—and those who were positive were immunised. A special investigation was made by Dr. W. R. Nash, Assistant Medical Officer of Health, amongst the school and pre-school children of Argoed, and Abergavenny where there was also an outbreak of Diphtheria during the year 1932. A full and detailed report upon his findings, together with the results of the " Schick " testing of the children in these areas will be found in the Education Report for this County for the year 1932. Owing to these special investi-

gations, the County Laboratory was called upon to deal with a considerable number of additional Swabs and during the year 1932, 9,648 swabs were examined at the County Laboratory. The attention of the general practitioners in some districts has been called by the District Medical Officers to the facilities provided by the Monmouthshire County Council for bacteriological confirmation of this disease, free of charge. The Medical Officer for the Bedwellty Urban District states that it is to be deplored that notification of infectious diseases appears to be very lax in some Wards in his area.

ENTERIC FEVER.

Only one case of Enteric Fever was notified in the year 1932. In 1931 there were 16, in 1930, 19; in 1929, 27; in 1928, 20; in 1927, 16; and in 1926, 10 cases. There was one death during 1932. In 1931 there were 3 deaths, in 1929, 6 deaths, in 1928, 5 deaths, in 1927, 3 deaths, and in 1926, 5 deaths. The case notified to the County Medical Officer occurred in the Pontypool Rural District. Immediately upon receipt of a notification the case is visited by the District Sanitary Inspector, and instructions are given for the removal of the case to an Isolation Hospital. In addition, every effort is made to trace the source of infection. Samples of water are collected by the County Sanitary Inspector, and are examined at the County Laboratory, Newport, by the County Pathologist.

ERYSIPELAS.

There were 92 cases of Erysipelas notified during the year 1932, as compared with 90 cases in the year 1931, 112 in 1930, 116 in 1929, 73 in 1928, 67 in 1927, and 66 in 1926. The disease was fairly evenly spread throughout the County.

PUERPERAL FEVER AND PUERPERAL PYREXIA.

During the year 1932, notifications of 6 cases of puerperal fever were received under the Public Health (Puerperal Fever and Puerperal Pyrexia) Regulations, 1926, from the District Medical Officers of Health. The 6 notifications were received from the following urban districts—Abersychan, 1; Abertillery, 1; Bedwellty, 1; and Tredegar, 3. Eight deaths were registered. The six cases of Puerperal Fever investigated by the County Midwives' Inspectress showed that all cases were attended by registered midwives. Details of the cases are as follows :—Number of women attended at confinement by midwife alone, 2; by medical practitioners and midwife, 4. In the two cases attended by the midwife alone, the medical practitioner was called in immediately after delivery. Every precaution possible is taken to prevent the spread of infection. A visit of inspection is made immediately on receipt of the notification, and the midwife is prohibited from attending other cases until she has left the infected case and has allowed 24 hours to elapse for thorough disinfection of herself, her instruments and her clothing. Compensation is paid to the midwife

for any cases which she may lose through this suspension. Death resulted in three of the six cases which were notified under the Regulations and followed up by the County Staff. On the 1st October, 1926, puerperal pyrexia became a notifiable disease in addition to puerperal fever. Puerperal Pyrexia is defined as any febrile condition (apart from puerperal fever) occurring in a woman within 21 days after childbirth in which a temperature of 100·4 degrees Farh. or more has been sustained during a period of 24 hours. Twenty-four cases of puerperal pyrexia were notified in 1932 and all were followed up by the Inspectress of Midwives. Twenty-three cases cleared up satisfactorily, and one subsequently proved to be puerperal septicaemia. A scheme for the provision of facilities for diagnosis and treatment of cases is in operation. Under the scheme the services of Dr. G. I. Strachan, M.D., F.R.C.S., of Cardiff, have been retained as consultant obstetrician, and his services have been requisitioned frequently by the medical practitioner in attendance upon the case. Cases requiring hospital treatment are sent to an Infectious Diseases Hospital (two were admitted to Cardiff Infectious Diseases Hospital during the year) and any necessary bacteriological examination is made by Dr. Gwyn Rocyn Jones, County Bacteriologist, at the County Laboratory, Newport.

INFANTILE DIARRHOEA.

Five cases of this disease were discovered during visits to homes, and fifteen re-visits paid, as against 6 and 11 re-visits in the year 1931. Thirty deaths were registered in children under two years of age giving a death rate of 5·95 per 1,000 births, as compared with 5·69 for the year 1931. All cases of which the Health Visitor has knowledge are visited, but it is obvious that very many cases do not come to her notice. This disease is not notifiable. During the years preceding the introduction of the County Maternity and Child Welfare Scheme, the death-rate averaged 11 per 1,000 births. The average rate for the past fourteen years, which includes one very hot summer, when the rate was 17·2, has been 7 per 1,000 births. It will be observed that the rate for 1932 is considerably below that average. The reduction in the rate in recent years is undoubtedly due to the greater care which is now observed in the feeding of infants and the measures taken by the Council to ensure a clean milk supply. The infective type of the disease is essentially one of the summer months and it varies in intensity according to the type of summer, many more cases occurring in really warm weather. During these months, the mothers attending the County Maternity and Child Welfare Centres are warned of the measures necessary to prevent the disease, and printed instructions to mothers in regard to these diseases are distributed by the Health Visitors at homes when cases are discovered.

ENCEPHALITIS LETHARGICA.

The number of cases of Encephalitis Lethargica notified during the year 1932, was 3, as compared with 8 in 1931, 9 in 1930, 6 in 1929, 13 in 1928, 21

in 1927, and 11 in 1926. The number of deaths recorded in 1932 was 5, compared with 8 in 1931, 15 in 1930, 7 in 1929, 13 in 1928, 13 in 1927, and 10 in 1926.

OPHTHALMIA NEONATORUM.

Thirty-two cases were notified under the Public Health (Ophthalmia Neonatorum) Regulations, as compared with 19 cases in the year 1931, and 34 cases in the year 1930. The figure for the year 1931 was the lowest recorded since the Regulations came into force. The 32 cases notified during 1932, together with other cases of eye trouble reported by the midwives, making a total of 92 cases, were followed up by the Health Visitors, who paid 366 visits to them. In four cases there was unsatisfactory conduct on the part of the midwife, and warning letters were sent by the County Medical Officer. Since the first January, 1921, the Midwives practising within the Administrative County have been supplied with bottles of Collosol Argentum, with which they are instructed to treat the eyes of all children at birth. The supply is renewed upon application to the County Maternity and Child Welfare Centres. There is no doubt that these precautionary measures have succeeded in greatly reducing the incidence of blindness due to gonococcal infection, for rarely in recent years is there blindness from this cause. The County Health Visitors are assiduous in their following up of infected cases. Medical Treatment is urged for the slightest case, and frequent visits are paid to see that the mothers are properly attending to the eyes of the infant. The Venereal Diseases Inquiry Officer also follows up cases suspected of gonococcal infection, with a view to attendance at the Clinic.

Cases			Vision Unimpaired	Vision Impaired	Total Blindness	Deaths.
Notified	Treated					
	at Home	in Hospital				
32	24	8	31	—	1 ? blind	—

CEREBRO SPINAL FEVER AND ACUTE POLIOMYELITIS.

Five cases of Cerebro-Spinal Fever, and four cases of Acute Poliomyelitis were notified to the County Medical Officer during the year 1932, as compared with 3 cases and four cases respectively during the year 1931. The Cerebro-Spinal Fever cases were notified from the following Urban Districts:—Abercarn, Bedwellty, Mynyddislwyn, Nantyglo and Blaina, and Tredegar, and the Acute Poliomyelitis cases from Ebbw Vale Urban (3) and Llantarnam Urban (1).

CHICKEN POX.

403 cases of Chicken Pox were notified during 1932, from the following Districts, Abercarn Urban (22 cases), Ebbw Vale Urban (378 cases), and Pontypool Rural District (3 cases). The disease is no longer compulsorily notifiable in the majority of the districts of the County.

MEASLES.

There was a decrease in the number of deaths from Measles during the year 1932, 19 as compared with 55 in the previous year. The disease was fairly evenly spread throughout the County. Measles is not a notifiable disease, and therefore, difficulty is experienced in obtaining satisfactory records as to the extent of the disease. A large proportion of the cases is brought to the notice of the public health authorities by the Health Visitors and Attendance Officers when visiting the homes.

WHOOPING COUGH.

This disease is also not notifiable and it is again difficult to obtain satisfactory information regarding the number of infected persons. There were 25 deaths in 1932 as compared with 4 in 1931.

INFLUENZA.

As in the case of Whooping Cough and Measles, very little information of a satisfactory nature can be obtained regarding the number of persons attacked. The number of deaths recorded in 1932 was 125 as compared with 194 in 1931.

PUBLIC HEALTH (PNEUMONIA, MALARIA, DYSENTERY, ETC.,) REGULATIONS.

288 cases of Pneumonia were notified during the year 1932, as compared with 279 in 1931. There were 225 deaths registered in 1932 and 272 in 1931. The notification of this disease is by no means satisfactory, and the figures relating to the number of notifications is no indication of the number of persons who actually suffered from the disease. The attention of the medical practitioners of the County is continually being brought to their duties under these Regulations.

ANTHRAX.

There were no cases of Anthrax notified during the year 1932.

CANCER.

The number of deaths from Cancer recorded during the year 1932 was 352, which shows a decrease upon the figure for 1931, (394). In 1930, there were 374 deaths, in 1929, 360 deaths; in 1928, 345 deaths; in 1927, 317 deaths; in 1926, 326 deaths. As in previous years practically the whole of the

deaths occurred in persons between the ages of 45 and 65 and upwards. Very little comment is offered by the Local Medical Officers respecting this disease. The Enquiry into cases of Cancer referred to in last year's Report is being continued so as to obtain the fullest information possible.

RATS, ETC.

Most of the districts have made arrangements for the destruction of rats, etc., upon their property. The refuse tips in some of the areas, it is reported, are infested with rats, and extensive baiting has been applied. As the condemned foodstuffs are usually buried at these tips, rats and other pests make the tips their breeding grounds. Until some other method for the disposal of refuse, condemned foodstuffs, etc., is adopted, in the form of refuse destructors, it is necessary that strict supervision shall be maintained and the destruction of rats, etc., continued. Several of the Local Authorities have made arrangements for their Sanitary Inspectors to work in co-operation with the County Rat Destruction Officer, to whom a grant is made by the Local Authority concerned.

DISINFECTION.

SCHOOLS.—On the outbreak of an infectious disease in a district and the schools being closed in consequence, the County Sanitary Inspector disinfects all the departments in the schools. A suitable solution of disinfectant is used and the method adopted is that of spraying, a MacKenzie Spray being found to be the most suitable apparatus for this work. It has also been found necessary in some instances to fumigate parts of the school premises.

ROOMS, Etc.—Where a case of infectious disease has been isolated in, or removed from a home, the District Sanitary Inspector disinfects the premises. The methods generally adopted are by gaseous or liquid disinfectants, and sometimes both are used in conjunction.

BEDDING, CLOTHES, Etc.—As already stated, very few of the Councils in the County have the proper facilities for the disinfection of these articles. Owing to the recent epidemic of Small Pox some of the districts have made arrangements with an Authority which is in possession of a steam disinfector. It is noted that some of the District Medical Officers have recommended to their Councils the advisability of providing steam disinfecting apparatus for their areas. As it is obvious that disinfection of bedding and clothes by steam is the most thorough, it is hoped that the Councils concerned will provide the necessary machines. Disinfectants, both liquid and powder are still available in the districts to the persons responsible for the care of patients suffering from infectious disease.

PREVENTION OF BLINDNESS.

Arrangements are made under the Section of the Public Health (Amendment) Act, 1925, for the examination of persons with a view to the prevention of blindness, and assistance is granted by the appropriate Committee of the County Council. Spectacles are provided upon the recommendation of the Ophthalmic Surgeon, and arrangements are made, where necessary, for operations to be performed, also the treatment in hospital of persons ordinarily resident within the County and suffering from any disease of, or injury to the eyes.

TUBERCULOSIS.

The Public Health (Tuberculosis) Regulations, 1930 came into operation on the 1st January, 1931. The object of the Regulations is to consolidate and amend the Public Health (Tuberculosis) Regulations, 1912, 1921, and 1924. They deal with the system of notification of cases of Tuberculosis in all forms by medical practitioners in private practice, medical officers of health and school medical officers, the keeping of registers, the functions of the County Council and the Sanitary Authorities. Certain of the alterations under the new Order have been altered to correspond with the changes introduced by the Local Government Act of 1929.

During the year 1932, 439 cases of Pulmonary Tuberculosis were notified and 224 deaths were registered. Of other forms of Tuberculosis, 186 cases were notified and 55 deaths registered.

The total number of notifications received during the year was 467 Pulmonary and 199 Non-Pulmonary Tuberculosis, of which 28 and 13 respectively were duplicates. Cases are sometimes notified to the District Medical Officers of Health by the patient's Medical Attendant, and also by the Tuberculosis Physician during the same week.

As stated in the Report for the year 1931, arrangements have now been made with the District Registrars to supply to the County Medical Officer, particulars of all deaths from Tuberculosis. These cases were again compared with the cases notified by the District Medical Officers of Health, and when it was found that a death notified by the District Registrar had not been notified by the District Medical Officer of Health, it was included in the special return of new cases coming to the knowledge of the Medical Officer of Health otherwise than by formal notification under the Public Health (Tuberculosis) Regulations, 1930.

Particulars of such cases are sent to the Ministry of Health, and steps are taken by them to ascertain the reason for the case not being notified under the Tuberculosis Regulations. As a result of this procedure, a further improve-

ment in the notification of cases of Tuberculosis is observed. However, there are still some District Medical Officers of Health who are not furnishing the Department with these particulars in spite of the repeated efforts by the County Sanitary Inspector.

It will be observed from the table included below that there is an increase in the notification rates for both Pulmonary and Non-Pulmonary Tuberculosis. It must not be assumed from this that there is an increase in the incidence of Tuberculosis. The higher notification rates can be attributed to the efforts of the Public Health Department in obtaining, as far as possible, correct records of Tuberculosis cases occurring in the districts from the District Medical Officers of Health.

Regarding the death rates from Pulmonary and Non-Pulmonary Tuberculosis, although there is a very slight increase in the rate for Non-Pulmonary cases, it is very gratifying to be able to record a decrease in the rate for Pulmonary cases.

The following table giving the notification rates and death rates for 1,000 of the estimated population is submitted for the purpose of comparison :—

Year.	Notification rate per 1,000 of population.		Death rate per 1,000 of population.	
	Pulmonary.	Non-Pulmonary.	Pulmonary.	Non-Pulmonary.
1921 ...	·86	·21	·7	·2
1922 ...	1·05	·34	·69	·18
1923 ...	1·18	·51	·65	·21
1924 ...	·93	·29	·68	·2
1925 ...	·90	·35	·69	·18
1926 ...	1·07	·44	·57	·17
1927 ...	·93	·42	·61	·19
1928 ...	1·27	·49	·73	·179
1929 ...	1·22	·41	·65	·15
1930 ...	1·03	·46	·66	·18
1931 ...	1·15	·43	·70	·15
1932 ...	1·35	·57	·65	·16

Summary of notifications by District Medical Officers of Health to the County Medical Officer, under the Public Health (Tuberculosis) Regulations 1930, during the period 3rd January, 1932, to the 31st December, 1932, with the number of Deaths notified by the Registrar General.

Age Periods	Primary Notifications on Form A					Age Periods.	DEATHS.				
	Pulmonary.		Non-Pulmonary.				Pulmonary.		Non-Pulmonary		
	Males.	Females.	Males.	Females.	Total.		Males.	Females.	Males.	Females	Total
0	—	—	—	—	—	0	—	—	1	1	2
1	3	4	20	12	39	1	1	1	3	—	5
5	8	4	16	5	33	2	1	2	1	4	8
10	11	15	16	14	56	5	1	5	4	6	16
15	36	39	12	16	103	15	29	39	5	5	64
20	44	54	14	13	125	25	22	32	2	1	45
25	40	45	8	12	105	35	24	18	2	—	30
35	28	39	5	11	83	45	19	9	12	7	87
45	32	9	4	5	50	55	13	4	1	—	18
55	21	4	3	—	28	65	3	1	—	—	4
65 and upwards	2	1	—	—	3	75	—	—	—	—	—
	225	214	98	88	625		113	111	31	24	279

New cases of Tuberculosis coming to the knowledge of the Medical Officer of Health or Chief (Administrative) Tuberculosis Officer during the period, 3rd January, 1932, to the 31st December, 1932, otherwise than by formal notification under the Public Health (Tuberculosis) Regulations, 1930.

Age Periods.	0 to 1	1 to 5	5 to 10	10 to 15	15 to 20	20 to 25	25 to 35	35 to 45	45 to 55	55 to 65	65 and upwards	Total Cases
Pulmonary Males	—	1	—	1	4	3	4	6	2	2	2	25
Pulmonary Females	—	—	1	—	1	4	5	7	4	—	—	22
Non-Pulmonary Males	1	1	2	—	1	2	1	—	1	—	—	9
Non-Pulmonary Females	—	2	1	—	3	—	1	1	—	—	—	8

Source of above Information.	No. of Cases	
	Pulmonary	Non-Pulmonary
Death Returns { from local Registrars	10	9
Death Returns { transferable deaths from Registrar-General	2	—
Posthumous notifications	23	5
" Transfers " from other areas (other than transferable deaths)	12	3
Other Sources if any	—	—

The following is a summary of the cases of Tuberculosis remaining on the Registers of Notifications, kept by the District Medical Officers of Health in the County, at the end of each year (1926—32), which has been compiled from the returns submitted by the District Medical Officers of Health in accordance with the requirements of the Public Health (Tuberculosis) Regulations, 1930 :—

Year.	Pulmonary.			Non-Pulmonary.			Total. Cases.
	Males.	Females	Total.	Males.	Females	Total.	
1926	1101	999	2100	416	325	741	2841
1927	888	819	1707	488	338	826	2533
1928	932	964	1896	432	388	820	2716
1929	1030	1025	2055	459	407	866	2921
1930	1085	1080	2165	521	432	953	3118
1931	1194	1072	2266	562	487	1049	3315
1932	1172	1066	2238	565	498	1063	3301

No. of Cases removed from the Registers during the year by reason *inter alia* of :—	Pulmonary.			Non-Pulmonary			Total Cases.
	M.	F.	Total.	M.	F.	Total	
1.—Withdrawal of notification	1	1	2	1	2	3	5
2.—Recovery from the disease	20	26	46	19	18	37	83
3.—Death	125	131	256	24	22	46	302
4.—Left district permanently	24	22	46	7	15	22	68

In the Report for the year 1931, it was pointed out that the Ministry of Health were seriously concerned at the discrepancies discovered in the above summary for that year. In their quarterly returns to the County Medical Officer of Health under the Public Health (Tuberculosis Regulations), 1930, District Medical Officers of Health should include particulars of all cases removed from the Tuberculosis Registers with the reasons therefor. The Ministry pointed out that there was a great difference between the number of cases removed from the Register by death in 1931 (272) and the number of deaths recorded from Tuberculosis for that year by the Registrar-General (298). Also that the number of cases removed from the Notification Register as having recovered from the disease is much below the figure included in the annual return to the Ministry by the Welsh National Memorial Association. It was obvious,

therefore, that some District Medical Officers of Health were not properly keeping their Notification Registers, and to make a correct return, the District Registers must be compared with the quarterly death returns which are received by the District Medical Officers of Health.

Several of the District Medical Officers of Health were interviewed by the County Sanitary Inspector during the year 1932, and their Registers examined. It was found in the majority of instances that co-operation between the Tuberculosis Officer and the District Medical Officers of Health had been the means of improving the keeping of these Registers. Also a close watch is kept by the Health Department and when discrepancies are observed, the Medical Officer concerned is written and the error is usually rectified.

It will be noticed that during the year 1932, 279 deaths from Tuberculosis were recorded by the Registrar-General, and 302 cases were removed from the Registers by the District Medical Officers of Health. This proves that the Circular sent and the interviews with the District Medical Officers has had the desired effect. The reason for the difference in the figures—279 as compared with 302 is explained by the fact that very often the recorded cause of death is other than Tuberculosis. The name on the Notification Register is removed on account of death even though the cause is not Tuberculosis.

With regard to the cases removed from the Registers as having recovered from the disease, it will be observed that 83 cases were removed on this account. The return received by the Ministry of Health from the Welsh National Memorial Association indicates that 183 cases in the County were removed during 1932 for the above reason, from the Dispensary Registers. The Ministry of Health communicated with the Welsh National Memorial Association and received a reply to the effect that with regard to the Western portion of the County, the lists have not been sent to the District Medical Officers of Health as the Tuberculosis Physician has been endeavouring to clear up the dispensary register and bring it up to date as far as possible. This has taken some time. With regard to the Eastern portion of the County, information was sent to all District Medical Officers of Health at the end of December. Here again the Tuberculosis Officers has throughout the year gone through the dispensary registers of the District Medical Officers of Health, and helped to bring them up to date.

The Ministry of Health have asked the Association to remind their Tuberculosis Physicians as to the desirability of sending to the District Medical Officers of Health in accordance with paragraph 1 of Part II of Circular 549 Wales, lists of cases removed from the dispensary registers at the end of each quarter.

Cases of Tuberculosis notified under the Public Health (Tuberculosis) Regulations 1930, during the year ended 31st December, 1932, with reports upon Examinations of Sputa, etc., at the County Laboratory, Newport.

DISTRICTS AND SUB-DISTRICTS.	PULMONARY.				OTHER T.B. DISEASES.				Total.
	Cases Notified	Result of Lab. examination		Specimen not submitted	Cases Notified	Result of Lab. examination		Specimen not submitted	
		Pos.	Neg.			Pos.	Neg.		
URBAN.									
Abercarn									
Cwmcarn	1	...	1	...	3	...	1	2	4
Abercarn	1	...	...	1	2	...	...	2	3
Newbridge	7	3	2	2	2	...	...	2	9
Crumlin	4	1	2	1	...	...	...	...	4
Abergavenny									
Abergavenny	14	6	3	5	1	...	...	1	15
Abersychan									
Garndiffaith ...	4	...	1	3	3	...	...	3	7
Pontnewynydd ...	18	9	3	6	5	...	1	4	23
Pontypool	5	2	2	1	3	...	...	3	8
Varteg	1	...	...	1	...	...	...	...	1
Abersychan	10	3	3	4	...	...	...	...	10
Talywain	1	...	...	1	1	...	...	1	2
Pantygasseg	1	...	...	1	...	...	...	...	1
Abertillery									
Abertillery	21	11	5	5	10	1	2	7	31
Six Bells	7	3	2	2	3	...	...	3	10
Aberbeeg	4	...	1	3	1	...	...	1	5
Llanhilleth	2	...	1	1	2	...	...	2	4
Cwmtillery	1	...	...	1	...	...	...	...	1
Crumlin	1	...	...	1	...	...	...	...	1
Bedwas & Machen									
Machen	4	1	1	2	...	...	...	...	4
Trethomas	7	1	4	2	2	...	...	2	9
Maesycwmmer ...	1	...	...	1	1	...	...	1	2
Bedwas	7	2	2	3	1	...	...	1	8
Bedwellty									
Argoed	2	...	1	1	3	...	...	3	5
Cefn Forest	11	3	5	3	4	...	2	2	15
Blackwood	7	2	3	2	2	...	...	2	9
Aberbargoed	12	3	4	5	5	...	1	4	17
Pengam	5	1	1	3	1	...	...	1	6
Markham Village ...	7	1	3	3	3	...	...	3	10
New Tredegar ...	10	4	1	5	9	...	3	6	19
Fleur-de-lis	3	...	1	2	...	...	...	...	3
Blaenavon	31	5	10	16	9	...	1	8	40
Caerleon.	5	...	2	3	...	...	...	...	5
Chepstow	1	...	...	1	...	...	...	...	1

DISTRICTS AND SUB-DISTRICTS.	PULMONARY.				OTHER T.B. DISEASES.				Total.
	Cases Notified	Result of Lab. examination		Specimen not submitted	Cases Notified	Result of Lab. examination		Specimen not submitted	
		Pos.	Neg.			Pos.	Neg.		
Ebbw Vale									
Ebbw Vale	18	7	5	6	13	...	3	10	31
Cwm	16	6	4	6	6	...	2	4	22
Beaufort	4	1	1	2	3	...	...	3	7
Waunllwyd	4	2	1	1	...	...	...	...	4
Llanfrechfa Upper.									
Pontnewydd	3	...	1	2	...	...	...	...	3
Llanfrechfa	...	...	...	...	1	...	...	1	1
Upper Cwmbran ...	1	...	...	1	...	...	...	...	1
Llantarnam.									
Cwmbran	10	2	4	4	2	...	...	2	12
Llantarnam	1	...	...	1	...	...	...	...	1
Monmouth	4	...	1	3	1	...	...	1	5
Mynyddislwyn.									
Pontllanfraith ...	11	3	4	4	5	...	1	4	16
Cwmfelinfach ...	6	2	3	1	2	...	1	1	8
Blackwood	1	...	...	1	1	...	...	1	2
Oakdale	9	2	5	2	3	...	...	3	12
Mynyddislwyn	1	...	...	1	...	...	...	...	1
Wyllie	1	...	...	1	...	...	...	...	1
Ynysddu	1	...	...	1	1	...	...	1	2
Wattsville	1	...	...	1	...	...	...	...	1
Fleur-de-lis	1	...	...	1	...	...	...	...	1
Maesycwmmer ...	1	...	...	1	...	...	...	...	1
Nantyglo & Blaina									
Blaina	15	4	5	6	7	1	1	5	22
Nantyglo	4	1	...	3	4	...	1	3	8
Panteg.									
Griffithstown ...	6	...	3	3	1	...	...	1	7
Sebastopol	...	...	...	...	1	...	...	1	1
Cwmynyscoy	1	...	1	...	...	...	...	...	1
Pontymoile	4	...	1	3	...	...	...	...	4
New Inn	2	...	1	1	...	...	...	...	2
Pontypool	1	...	...	1	1	...	...	1	2
Pontypool	16	4	4	8	5	...	1	4	21
Rhymney									
Rhymney ...	8	2	2	4	9	...	3	6	17
Abertysswg	3	...	1	2	...	...	...	...	3
Risca									
Pontywain	4	1	2	1	2	...	...	2	6
Crosskeys	8	1	5	2	3	...	...	3	11
Risca	15	4	4	7	8	...	...	8	23
Wattsville	6	...	1	5	...	...	...	...	6
Tredegar.	22	5	7	10	25	...	7	18	47
Usk.	1	...	...	1	1	...	...	1	2

DISTRICTS AND SUB-DISTRICTS	PULMONARY.				OTHER T.B. DISEASES.				Total
	Cases Notified	Result of Lab examination		Specimen not submitted	Cases Notified	Result of Lab. examination		Specimen not submitted	
		Pos.	Neg.			Pos.	Neg.		
RURAL.									
Abergavenny									
Abergavenny ...	5	...	...	5	1	...	...	1	6
Llanfoist	1	...	...	1	...	...	...	...	1
Govilon	1	...	...	1	...	...	...	...	1
Llanvihangel Gobion ...	1	...	...	1	...	...	...	...	1
Grosmont	...	...	...	...	1	...	...	1	1
Bryn Gwyn	1	...	...	1	...	...	...	...	1
Llwyndu	1	...	...	1	...	...	...	...	1
Llanellen	1	...	...	1	...	...	...	...	1
Llandewi Skirrid ...	2	...	...	2	...	...	...	...	2
Llanover	1	...	...	1	...	...	...	...	1
Chepstow									
Magor.									
Magor	3	...	...	3	...	...	...	...	3
Llanvaches	1	...	...	1	...	...	...	...	1
Christchurch	1	...	...	1	...	...	...	...	1
Langstone	...	...	...	...	2	...	...	2	2
Caerleon Village ...	2	...	...	2	...	...	...	...	2
Monmouth									
Pontypool.									
Llantrissent	1	...	...	1	...	...	...	...	1
Glascoed	1	...	...	1	...	...	...	...	1
Trostrey	1	...	...	1	...	...	...	...	1
Little Mill	1	...	...	1	...	...	...	...	1
Pontnewydd	...	...	...	...	1	...	...	1	1
Croesyceiliog	...	...	...	...	1	...	...	1	1
St. Mellons.									
Marshfield ...	1	...	...	1	...	...	...	...	1
Rogerstone	5	...	1	4	2	...	...	2	7
Rumney	3	...	...	3	2	...	...	2	5
Malpas	3	...	...	3	...	...	...	...	3
Newport	1	...	...	1	6	...	...	6	7
Bassaleg	...	...	...	...	1	...	...	1	1
Coedkernew	1	...	...	1	...	...	...	...	1
Rhiwderin	1	...	...	1	...	...	...	...	1
Machen	1	...	...	1	...	...	...	...	1
Henllys	...	...	...	...	1	...	...	1	1
Totals	467	108	131	228	199	2	31	166	666

With reference to the figures for the Blaenavon Urban District a question respecting the increased number of Tuberculosis cases in this District was asked in the Tuberculosis Committee during the year 1932.

Dr. F. W. Godby, Tuberculosis Physician, wrote to the County Medical Officer explaining the position, and stated that of the 10 cases notified, 9 were still under observation. It was ultimately discovered that these 9 cases were not Tubercular.

The County Sanitary Inspector interviewed the District Medical Officer for Blaenavon and arranged for these 9 cases to be deducted from the official return, copies of which are sent to the Registrar General and the County Medical Officer.

Of the 10 cases originally notified, 9 cases were deducted on the notification of infectious disease card for the week ended 12th November, 1932.

The reports of the Tuberculosis Physicians for the year ended March 31st, 1932, are as follows:—

WEST MONMOUTHSHIRE AREA.

Dr. Frank Wells.

TIME TABLE.

Pontllanfraith ...	Tuberculosis Institute	Every Monday at 10.30 a.m.
	Llanarth Road ...	Every Friday at 10.30 a.m.
Abertillery ...	85, Queen Street ...	Every Wednesday at 11 a.m.
Blaina	18, Abertillery Road	Second Wednesday at 11 a.m.
Ebbw Vale ...	Central Surgery ...	Every Tuesday at 11 a.m.
Tredegar ...	Central Surgery ...	Every Thursday at 12 o'clock
Pengam ...	Post Office Chambers	1st and 3rd Mondays at 11 a.m.
Rhymney ...	Central Surgery ...	2nd Monday at 12.30 p.m.
Risca ...	6, Mary Street ...	2nd and 4th Fridays at 10 a.m.
Trethomas ...	Dr. Cecil Davies' Surgery ...	4th Monday at 12.30 p.m.

Return showing the work of the Area during the year 1932

Diagnosis	Pulmonary				Non-Pulmonary				Totals			
	Adults		Children		Adults		Children		Adults.		Children	
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.
A. New cases examined during the year (excluding contacts)— (a) Definitely tuberculous	72	88	8	8	20	24	22	17	92	112	30	25
(b) Diagnosis not completed	—	—	—	—	—	—	—	—	3	3	2	3
(c) Non-tuberculous	—	—	—	—	—	—	—	—	283	258	216	193
B. Contacts examined during the year:— (a) Definitely tuberculous	1	—	1	—	—	—	—	—	1	—	1	—
(b) Diagnosis not completed	—	—	—	—	—	—	—	—	2	2	3	4
(c) Non-tuberculous	—	—	—	—	—	—	—	—	57	71	56	73

Consultations with Medical Practitioners: (a) Personal, 312; (b) Other, 1,315; Visits by Tuberculosis Officer to homes (including personal Consultations), 613; Visits by Nurses or Health Visitors to homes for Dispensary purposes, 1,300; Specimens of Sputa, etc., examined, 841; X-ray examinations made in connection with Dispensary work, 636; Attendances at the Dispensaries and Visiting Stations, 5,979.

DIAGNOSIS OF NEW CASES SEEN DURING THE YEAR.

PULMONARY CASES. Adults only, *i.e.*, over 15 years of age.

(1)	(2) Total number of new cases examined.	(3) Definitely Tuberculous.	(4) Probably Tuberculous.	(5) Doubtfully Tuberculous.	(6) Probably Non-Tuberculous.	(7) Certainly not Tuberculous.	
						(a) Patient deemed healthy.	(b) Other diagnosis made.
Men ...	329	72	29	44	37	7	140
Women ...	310	88	20	51	48	10	93

Analysis of Column 7 (*b*), giving diagnosis arrived at:—

Men.

Nasal Obstruction ...	1	Sub-acute pneumonia	1	Gastric Ulcer ...	5
Sub-acute tonsillitis	1	Post-pneumonic		Dyspepsia	1
Septic tonsillitis ...	1	debility ...	1	Simple Goitre ...	1
Pharyngitis ...	2	Septic empyema ...	1	Morbus Cordis ...	8
Pneumoconiosis ...	58	Pertussis	1	Cardiac Arrythmia ..	1
Chronic Bronchitis ...	23	Trauma of chest ...	1	Aneurism ...	2
Bronchiestasis ...	7	Post-Influenzal		Pleurodynia ...	2
Asthma	4	debility	10	Testiary Syphilis ...	1
Pul. Neoplasm ...	3	Emphysema ...	4		

Women.

Nasal Obstruction ...	1	Coryza	1	Septic Tonsils ...	4
Ch. Laryngitis ...	2	C. Bronchitis ...	36	Bronchiectasis ...	3
Asthma	2	Pul. Neoplasm ...	2	Pneumonia ...	2
Catarrhal Pleurisy ...	1	Rickety Chest ...	1	Post-Influenzal	
Gastric Ulcer ...	3	Exophtalmic Goitre	2	debility ...	7
Ch. Rheumatism ...	1	Congenital Syphilis	1	Morbus Cordis ...	15
Post-puerperal		Breast Abscess ...	1	Pregnancy ...	2
debility	1	Mental deficiency ...	1	Metrorrhagia ...	1
Neurasthenia ...	3				

NON-PULMONARY CASES. Adults and Children.

(1)	(2) Total number of new cases examined.	(3) Definitely Tuberculous.	(4) Probably Tuberculous.	(5) Doubtfully Tuberculous.	(6) Probably Non-Tuberculous.	(7) Certainly not Tuberculous.	
						(a) Patient deemed healthy.	(b) Other diagnosis made.
Men ...	49	20	2	3	4	—	20
Women ...	63	24	4	2	9	—	24
Boys ...	91	22	7	6	10	7	39
Girls ...	69	17	2	4	8	—	38

Analysis of Column 7 (b), giving diagnosis arrived at:—

Men.

Gastritis	3	Neoplasm	2	Trauma	2
Enteritis	2	Chronic Rheumatism	3	Muscular Rheumatism	1
Simple Synovitis ...	1	Locomotor Ataxia ...	1	Neurosis	1
Lumbago	1	Healed Caries Spine	1	Septic Osteomyelitis	1
Ganglion of Wrist ...	1				

Boys.

Enteritis	5	Ch. Rheumatism ...	4	Rheumatism ...	3
Trauma	4	Appendicitis ...	3	Septic Tonsils ...	3
Traumatic Synovitis	2	Sepsis	2	Tonsils and Adenoids	2
Vermiculosis ...	2	Phimosis	1	Ulcerated Mouth ...	1
Naso Pharyn. Cat. ..	1	Osteomyelitis ...	1	Pyelitis	1
Cong. Mal. Spine ...	1	Septic Arthritis of hip	1	Septic teeth ...	1

Women.

Static Scoliosis ...	4	Nephritis	2		
Stone in Bladder ...	1	Salpingitis with leucorrhoea ...	1	Acute Enteritis ...	1
Gastric ulcer ...	1			Hyper-thyroidism ..	1
Traumatic Synovitis	1	Gynaecological ...	1	Tonsillitis ...	1
Lumbago	1	Sciatica	1	Impetigo	1
Sepsis	1	Gonorrhoea ...	1	Leucorrhoea ...	1
Ch. Parotitis ...	1	Osteomyelitis ...	1	Intestinal Stasis ...	1
		Dislocated Costo-Chondral Junction	1		

Girls.

Static Scoliosis ...	7	Enteritis	4	Tonsillitis	3
Appendicitis ...	3	Septic Adenitis ...	2	Trauma	2
Ch. Rheumatism ...	2	Displaced Costo-Chondral cartilage	1	Traumatic Synovitis	1
Erythema Nodosum	1			Septic Teeth ...	1
Baker's Cyst ...	1	Carious Teeth ...	1	Encephalitis Lethargica ...	1
Rachitis	1	Intestinal Colic ...	1		
Constipation ...	1	Acute Osteomyelitis of femur	1	Chondroma ...	1
				Lipoma	1

GENERAL OBSERVATIONS.—The total number of new cases (exclusive of contacts) examined during the year was 1,220, giving a percentage of definite cases of approximately 21·2.

The corresponding figures for the previous year were 1,034 and 18·3 respectively.

The total number of contacts examined was 270, with a percentage of approximately ·8 definite cases.

The corresponding figures for the previous year were 390, and 1·9 respectively.

The total number of attendances at the Institute and visiting stations was 5,979, being an increase of 245 on the figures of the previous year.

The total number of X-ray examinations shows an increase of 266 as compared with last year.

On the other hand, the total number of sputa, etc., specimens examined shows a decrease of 172. The reason for this will be referred to later.

During the year, 173 deaths were notified as due to tuberculosis in this Area. Of these 144 were referred to the Association, and of the remainder some were too acutely ill for treatment to be of any use, some died in Abergavenny Mental Hospital, and others were posthumous notifications.

Comments on Diagnosis and Treatment.—The Area comprises the Western Valleys of Monmouthshire which are industrial in character. The great bulk of the population depends for a livelihood on the collieries, steel-works and tin-works.

Most of the male adults referred to the clinics are colliers, who are sent by the local doctors, and many children are referred by the School Medical Officers and the doctors in charge of the Maternity and Infant Welfare Centres.

With regard to boys, who show evidence of heavy infection and are predisposed to active tuberculous disease in unsuitable surroundings, the new convalescent home (Highland Moors) at Llandrindod Wells, has proved to be of inestimable service.

The X-ray plant installed last July at the Pontllanfraith Institute, is a valuable adjunct to the diagnosis of tuberculosis. In doubtful cases it is now possible to arrive at a definite decision more quickly, without having recourse to repeated examinations of the sputum (which partly accounts for the decrease in the total number of sputa examinations for last year).

Until last July it was necessary for West Mon. patients to go to the Newport Institute in order to be X-rayed, or to have Artificial Penumothorax refills: much time, trouble, and expense are saved now that these procedures can take place at Pontllanfraith. Doubtful surgical cases which in former years would have been sent to Cardiff for (further) clinical investigation supplemented by radiological examination are now dealt with at the monthly surgical after-care clinics held at the Pontllanfraith Institute. In addition, patients who live on the Glamorgan side of the Rhymney Valley (Merthyr Area) now come to be X-rayed at Pontllanfraith as well as certain West Mon. patients who attend the County Orthopædic Clinic.

The Von Pirquet Tuberculin test has been used for diagnostic purposes chiefly in the case of children, and a few patients suffering from genito-urinary tuberculosis have been treated by a course of Tuberculin injections.

Many aspirations of Cold Abscess have been carried out, and paracentesis thoracis has often been performed either for diagnostic or therapeutic reasons.

In some cases the Wassermann test has been proved helpful in arriving at a definite diagnosis.

During the year patients have been referred to the consulting Laryngologist to the Association for further examination and treatment, and certain female patients with doubtful abdominal signs have been sent to the consulting Gynaecologist at Cardiff.

Full advantage has been taken of Mr. Hammond's visits to Glan Ely Hospital, and patients suffering from urogenital trouble have been referred to him for cystoscopic or other examination, and furthermore, many patients have derived great benefit from treatment at the excellent " Light Therapy " department at the above institution.

During the year, 31 Artificial Pneumothorax refills have been given.

PENSIONERS.—The number of Pensioners attending the clinics is steadily falling. This is due to the fact that the majority of those suffering from active disease have died, and most of those who remain are etither quiescent or cured.

GENERAL AND SOCIALOGICAL.—The Western Valleys are still severely affected by the prevailing industrial depression, with its unfortunate corollary of widespread unemployment.

The absence of regular work and wages must of necessity make a good deal of difference to the home conditions of the people; this may account for the fact that a patient who has made considerable progress in Hospital or Sanatorium ceases to do so soon after returning to the difficulties of everyday life.

This deterioration is very disappointing and is particularly noticeable in the case of women patients.

Many miners referred to the clinics as suspected cases of tuberculosis are found on investigation to be suffering from the effects of " dust." These are coming in ever-increasing numbers, and in a few cases super-added tubercle has been detected; but in those cases in which radiological examination shows conglomerating shadows in addition to generalised mottling, it is very difficult to exclude the presence of tuberculosis. In these circumstances the patients are kept under observation and the sputum is frequently examined (when present) for the detection of tubercle bacilli. The number of cases in which the sputum is repeatedly negative tends to confirm the view that coal dust does in some way exercise some sort of inhibitory influence on the growth of the tubercle bacilli in the lung tissue.

Unfortunately, the young adult type of acute phthisis is still common. This is well examplified in the case of the girl who leaves a rural or semi-rural district and goes into domestic service in a large city (e.g. London); after a period of work under greatly changed conditions she eventually returns home suffering from acute pulmonary tuberculosis.

SURGICAL AFTER-CARE WORK.—There have been 12 special clinics for surgical patients during the year. The total number of attendances was 252. These clinics are of the utmost value and the cordial co-operation, help, and advice of Dr. Brownlee and Dr. Kenyon Davies are much appreciated.

In connection with these clinics many plasters and extensions have been applied and arrangements made to fit patients with the necessary apparatus in the way of splints, spinal supports, etc.

The patients who attend may be divided into two classes: *viz.*, (1) those who have undergone a period of treatment in an institution, and (2) patients who are asked to attend in order that they may be examined in consultation with one of our surgical staff.

Generally speaking, the plasters are applied in the homes of the patients by Sister Grey (Cardiff), or Sister Williams (Pontllanfraith); and each patient is regularly visited by one of the Sisters, who duly reports progress to headquarters.

If a patient is confined to bed in a place where there is a District Nurse, arrangements are made whereby the Nurse calls at the house to do any necessary dressings.

PERSONNEL.—Dr. J. L. Thomas retired at the end of 1931. He was popular alike with his colleagues and his patients, and he carried with him the hearty good wishes of his numerous friends.

Dr. H. D. Chalke did valuable work as Assistant Tuberculosis Physician until he was transferred to the Pontypridd and Rhondda Area at the beginning of February.

Dr. S. H. Graham was then appointed as Assistant and has proved himself to be an enthusiastic, capable, and congenial colleague. His radiological work reaches a very high standard.

Miss Elizabeth Williams has carried on the duties of Tuberculosis Sister with her usual zeal and efficiency. In addition to the usual routine at the various clinics, she has done a good deal of plaster and other orthopædic work,

which has entailed many domiciliary visits supplementary to looking up old patients for the purpose of bringing the Dispensary Register up to date.

Miss Muriel Games has been in charge of the office work, and has carried out her duties conscientiously and well. During the past year, the clerical work has undoubtedly increased very much and has necessitated a good deal of overtime work, which Miss Games has always done cheerfully and efficiently.

MATERIEL.—During the year the Institute has been redecorated and some necessary repairs carried out.

Also, the old garage was demolished in order to make room for a new building to house the X-ray plant; this annexe has its own water supply, and is fitted with a separate heating system.

New accommodation for the Blaina Clinic has been obtained at 18, Abertillery Road, Blaina.

ACKNOWLEDGMENTS.—We tender our grateful thanks to the County Medical Officer of Health (Dr. D. Rocyn Jones, C.B.E.), the County Hall staff, the local Medical Officers of Health, the Medical Officers in charge of the School and Infant Welfare Clinics, and to the general practitioners in the West Monmouthshire area, for their ever-ready collaboration in the smooth working of the district.

We acknowledge our appreciation of the consideration and help received from the Head Office staff during the past year.

East Monmouthshire Area. (Dr. A. Carveth Johnson).

TIME TABLE.

Newport	...4, Palmyra Place	...	Mondays, 10 a.m. and 2.30 p.m. Wednesdays, 10 a.m. and 2.30 p.m. Fridays, 10 a.m. 2nd Friday in each month, 10 a.m. Orthopædic Clinic Saturday, 10 a.m. County Patients only. Thursdays 10 a.m. and 2.30 p.m. by appointment.
Pontypool	... Park Buildings	...	Tuesdays, 10 a.m. and 2 p.m. Thursdays, 10 a.m.
Chepstow	... Tycastroggy, Moor Street	...	Fridays, 2.30 p.m.
Abergavenny	... Y.M.C.A. Buildings		2nd and 4th Thursdays at 2.30 p.m.
Monmouth	... Out-Patients' Department, Cottage Hospital	...	1st and 3rd Fridays at 12 noon.

Return showing the work of the Area during the year 1932

Diagnosis	Pulmonary				Non-Pulmonary				Totals			
	Adults		Children		Adults		Children		Adults		Children	
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.
A New cases examined during the year (excluding contacts)— (a) Definitely tuberculous	140	118	17	18	21	29	28	26	161	147	45	44
(b) Diagnosis not completed	—	—	—	—	—	—	—	—	2	1	1	1
(c) Non-tuberculous	—	—	—	—	—	—	—	—	206	222	238	200
B. Contacts examined during the year:— (a) Definitely tuberculous	8	6	6	2	—	—	1	—	8	6	7	2
(b) Diagnosis not completed	—	—	—	—	—	—	—	—	—	—	—	—
(c) Non-tuberculous	—	—	—	—	—	—	—	—	179	287	167	179

Consultations with Medical Practitioners: (a) Personal, 128; (b) Other, 1,206; Visits by Tuberculosis Officer to homes (including personal consultations), 1,394; Visits by Nurses or Health Visitors to homes for Dispensary purposes, 5,294; Specimens of sputa, etc., examined, 748; X-ray examinations made in connection with Dispensary work, 1,897; Attendances at the Dispensaries and Visiting Stations, 6,268.

DIAGNOSIS OF NEW CASES SEEN DURING THE YEAR.

PULMONARY CASES. Adults only, *i.e.*, over 15 years of age.

(1)	(2) Total number of new cases examined.	(3) Definitely Tuberculous.	(4) Probably Tuberculous.	(5) Doubtfully Tuberculous.	(6) Probably Non-Tuberculous.	(7) Certainly not Tuberculous.	
						(a) Patient deemed healthy.	(b) Other diagnosis made.
Men ...	318	58	82	29	104	1	44
Women ...	315	36	82	33	123	1	40

Analysis of Column 7 (*b*), giving diagnosis arrived at:—

Men.

Heart disease ...	6	Laryngitis	1	Malignant disease ...	2
Influenza	2	Nasal obstruction ...	4	Ch. Bronchitis ...	10
Pulmonary Fibrosis	1	Silicocis	5	Subacute Rheumatism	1
Cystitis	1	Ch. Gastritis ...	1	Pharyngitis	5
Post Pneumonic		Pleurodynia ...	1	Duodenal ulcer ...	1
debility	1	Enlarged Tonsils ...	1	Dyspepsia ...	1

Women.

Heart Disease ...	10	Enlarged Thyroid ...	1	Carcinoma	1
Scoliosis	1	Elongated Uvula ...	1	Pregnancy	1
Gynaecological ...	5	Paratonsillar abscess	1	Gastritis	1
Bronchitis	5	Ch. Nas. Ph. Catarrh	1	Functional Aphonia	1
Neurasthenia ...	1	Bronchiectasis ...	1	Tonsillitis	2
Gastric ulcer ...	2	Empyema	2		
Hysteria	1	Appendicitis ...	2		

NON-PULMONARY CASES. Adults and Children.

(1)	(2) Total number of new cases examined.	(3) Definitely Tuberculous.	(4) Probably Tuberculous.	(5) Doubtfully Tuberculous.	(6) Probably Non-Tuberculous.	(7) Certainly not Tuberculous.	
						(a) Patient deemed healthy.	(b) Other diagnosis made.
Men ...	51	10	11	5	7	—	18
Women ...	55	6	23	1	12	—	13
Boys ...	73	7	21	6	10	—	29
Girls ...	56	6	20	4	5	—	21

Analysis of Column 7 (b), giving diagnosis arrived at :—

Men.

Muscular strain ...	1	Septic ulcer in groin	1	Trauma	3
Osteoarthritis ...	1	Slipped epiphysis ...	1	Non. Tb. Arthritis ...	1
Enlarged Tonsils ...	1	Gastritis	1	Sciatica	1
Acute cystitis ...	1	Furunculosis ...	1	Fractured Humerus	1
Tooth abscess ...	1	Colitis	1	Ch. Synovitis ...	1
Post traumatic arthritis	1				

Women.

Gynaeological ...	3	Syphilis	1	Non. Tb. Osteomyelitis	1
Myositis	1	Rh. Arthritis ...	1	Non. Tb. Peritonitis	1
Faecal impaction of descending colon	1	Muscular Rh. ...	1	Displaced semilunar cartilage of knee	1
Malignant disease ..	1	Suppurating prepatellar bursa ...	1		

Boys.

Enlarged glands due to teeth and tonsils	13	Malformation of chest	1	Renal calculus ...	1
Threadworms ...	1	Curvature of spine ...	1	Enlarged Tonsils and adenoids	2
Acute Osteomyelitis	1	Streptococcal abscess of neck	1	Ulceration of leg after compound fracture	1
Mucus Colitis ...	1	Appendix Abscess...	1	Post traumatic enlarged gland ...	1
Non. Tb. Abscess of thigh	1	Cerebro-spinal Meningitis ...	1	Lymphosarcoma ...	1
Lymphatic Leukaemia	1				

Girls.

Non Tb. Synovitis of knee	1	Septic arthritis of hip	2	Non. Tb. Osteoarthritis	1
Sepsis	1	Enlarged Tonsils ...	1	Coxa Vara	2
Inflamed Bursa ...	1	Lobar Pneumonia ...	1	Enlarged glands due to bad teeth ...	1
Septic condition of persistent thyroglossal duct ...	1	Septic abscess of neck	1	Non Tb. abscess ...	1
Acute septic condition of leg ...	1	Coeliac disease ...	2	Septic glands ...	1
		Streptococcal infection of palate ...	1	Adhesions after appendix operation	1
		Ringworm ...	1		

COMMENTS ON STATISTICS.—The chief feature of 1932 was the tremendous increase in work. 1931 was a record for number of new cases and contacts, but

356 more new cases were seen in 1932. One hundred and eleven more new cases were sent by doctors, and 245 more contacts were examined—the actual figure being 1,268 new cases, and 835 contacts. Thus 2,103 new cases and contacts were examined, a number which has, I believe, never been approached in any area. Of these, 397 new cases and 23 contacts were found to be Tuberculous, or 31 per cent. of new cases and 2·75 per cent. of contacts.

There was an increase of 800 in attendances at the Dispensary and Visiting Stations. Six hundred and thirty-one more X-ray examinations were also made. Ninety-nine more specimens of sputa, etc., were examined, but the total 749 seems very low compared with the number of new cases. There are several reasons for this. Many of the definite cases have already had sputum examined before they are sent by their doctors, while in others the diagnosis is very obvious and sputum is often not examined until the patient is admitted to Hospital. In very many cases there is no sputum available.

The exceptionally large number of visits by the Tuberculosis Officer to homes also calls for some comment, especially as the bulk of the population in the area is within easy reach of the Institute or Visiting Stations. Unfortunately, very many patients and contacts will not attend when asked. Some just " can't be bothered," while others are so supremely egotistical as to imagine that the whole town is interested in their movements, and say that they could not possibly risk being seen going into a Tuberculosis Clinic.

The deaths from Tuberculosis showed a diminution in both Newport and East Monmouthshire, the decrease being considerable in Newport.

The corrected returns are not available at the time of writing, but there appeared to be six fewer deaths in East Monmouthshire and 23 fewer in Newport—a very considerable decrease more than compensating for the increase last year.

Unfortunately, both in Newport and East Monmouthshire, a quarter of the people who died from Tuberculosis were not referred to the Tuberculosis Officer in Newport, 24 cases were not seen by the Tuberculosis Officer; 12 of these died in Institutions. 16 of the 24 were not notified to the Public Health Authorities until a few days before or after death. In East Monmouthshire, 27 were not seen by the Tuberculosis Officer. Eight of these died in Institutions. Most of the others were apparently not notified to the Public Health Authorities.

It is generally admitted that the Tuberculosis Service in Wales, is at least as efficient as other Tuberculosis Services, and probably better than most, but it cannot be expected that rapid progress can be made in stamping out Tuberculosis if 25 per cent. of cases dying of this disease are not referred to the

Tuberculosis Officer, and are not even brought to the notice of the Public Health Authorities until about the time of death.

There is, unfortunately, no improvement in the type of cases seen. Thirty-three per cent. of cases seen died in six months. Very few cases with really small areas of disease in the lungs are seen. It is clear that Text Book ideas on " early cases " either need drastic revision, or the authors of the text-books who, after all, mostly live in London, or large cities, do not meet the type of case that prevails in this area. Probably increasing use of X-ray examination has altered our views.

It is only too common to see new patients, who have been working up to the day of attendance, and on examination they are found to have extensive disease.

Thus, quite recently, a girl was seen on the same day as her first visit to her own doctor. She had been doing daily domestic work up to the previous day, and in addition walking two and a half miles to and from her home, where she slept. On examination there was very obvious advanced Tuberculosis, which had reached such a stage that there was little hope of any improvement.

Speaking generally, Pulmonary Tuberculosis is not a disease of " School Age." It is uncommon below the age of 10 and only slightly more common from 10—15. Improved methods of diagnosis, particularly X-ray examination, have shown that the disease does exist at these ages.

From 15 to 25, there is a tremendous increase in the incidence. Thus, in 1932, 36 per cent. of the cases diagnosed as Pulmonary Tuberculosis were in this age group—males and females being almost equally affected. After 25 there is a considerable diminution in the incidence rate until the age of 40, when there is another rise accounting for 20 per cent. of the total cases of Pulmonary Tuberculosis. This is chiefly between 45 and 55, and is mostly in men, there being three men to one woman in this age group.

In the " middle aged " group, the disease usually appears after years of hard work, is of a fairly chronic type, and often responds well to treatment. This may not restore the patient to full working capacity, but by this time the most active part of the patient's life has already been spent.

The great problem that confronts us is how to deal with the young adult type of acute Tuberculosis. This usually does not respond well to treatment and so, if possible, should be prevented.

This is a very difficult matter when at present we have no clear idea as to which cases are likely to develop acute Tuberculosis. Undoubtedly intimate contact with an infected case of Pulmonary Tuberculosis is the main factor.

I have always been a great believer in contact examination, and there is no doubt that this ought to be carried out thoroughly. In spite of all our efforts, only 2·1 contacts per definite case of Tuberculosis were examined. In 1932 out of 466 adult contacts examined, 14 were found to have active Tuberculosis—all being discovered in a much earlier stage than if they had carried on until they felt so ill that they were obliged to call in their own doctor.

But the number of contacts who have previously been examined in this area number some thousands and it is quite impossible to examine them all at regular intervals. Undoubtedly, in most cases, it is unnecessary, provided that at the very first symptoms of ill health the contact will report for examination. Unfortunately, most do not do this.

During the year, several contacts examined in previous years and found free from active Tuberculosis have attended again and found to have definite disease.

Most of the new cases have been in intimate contact with Tuberculosis cases of which we know nothing.

The whole problem is difficult, but, in my opinion, one of the most hopeful solutions is to continue with thorough contact examination—tuberculin tests and X-ray examination being essential—and in time we may get more information as to which type of case is likely to develop active Tuberculosis.

It may be said here, that although there is so much distress in the area, very few cases of people not getting enough to eat have been met with. These have mostly been in people not of the poorest class, who have been trying to keep up appearances.

The clothing problem is a very real one. Supplies of clothes and boots have in many cases worn out. Relief money provides enough food, but not clothing. Several patients recently have said that they have had to borrow clothes to attend the Institute for examination, and that they are quite unable to get enough clothes to go into Hospital or Sanatorium.

The Public Assistance Committees have rendered very material help in many of these cases.

The standard of diagnosis and treatment remain as before. Steadily increasing use is being made of the X-ray apparatus. Tuberculin tests are still very extensively employed. The Intradermal test is being used to an increasing extent, instead of the Von Pirquet.

Little active treatment is possible at the Institute and Visiting Stations, and all suitable cases are sent to Hospital or Sanatorium.

The exceptions are :—

1. Pneumothorax refills. Twelve patients have attended during the year and 104 refills have been given. Most are doing very well.

2. The Surgical Clinics are still very well attended, and the visits of Dr. Brownlee and Dr. Kenyon Davies are much appreciated. Many new cases are treated at home, before admission to Hospital, and old cases have continued treatment after discharge from Hospital. Many splints and plasters are applied and the results are very encouraging.

Few Pensioners are attending now. Those who are alive have mostly been written off as cured.

My attendances at the Ministry of Pensions Medical Boards as Tuberculosis Specialist have now ceased. Apparently there are no more pensioners to be boarded.

There are no Care Committees in the area. Owing to the general depression, increasing numbers of patients need help from the Public Assistance Committee and close co-operation is maintained with this Committee, both in the County and in Newport.

In Newport particularly many patients who say they are in distressed circumstances are referred to the Public Assistance Officer for investigation, and I have to acknowledge the very useful help given.

The staff continues the same. Dr. Godby continues to do very useful work. Unfortunately, no part-time Medical Officer has been available during the year.

Sister Oldfield, the Newport Corporation Health Visitor, attends the Institute and deals with the Newport cases. Sister Thomas deals with East Monmouthshire, and Orthopædic cases. Both are doing excellent work. Miss Richards remains as Clerk at the Newport Institute.

Very great credit is due to the whole team for the splendid way in which they assisted to do a record amount of work in the year. It seems quite certain that, without additional assistance, this is not likely to be repeated.

The Institute and Visiting Stations remain the same. It is hoped to replace the Chepstow Visiting Station at an early date, as it is not satisfactory.

Thanks are due to the Medical Officers of Health for Newport and Monmouthshire, the School Medical Officers, and all General Practitioners for their continued co-operation and assistance.

The following is the Report of Dr. Wm. Davies, Resident Medical Officer, Cefn Mably Hospital, for the year ended 31st December, 1932.

Return showing the extent of Residential Treatment during the year ended December 31st, 1932.

	In Institution on January 1	Admitted during the year.	Discharged during the year.	Died in Institution.	In Institution on December 31.
Doubtfully tuberculous cases admitted for observation :—					
Adult males	1	8	8	—	1
Adult females	—	3	3	—	—
Children	1	—	1	—	—
Total	2	11	12	—	1
Definitely tuberculous patients admitted for treatment :—					
Adult males	64	146	129	19	62
Adult females	42	106	97	12	39
Children	5	15	11	—	9
Total	111	267	237	31	110
Grand Total	113	278	249	31	111

Table showing results of treatment of patients and of observation cases discharged during the year 1932.

Classification on Admission to Institution.		Number Discharged.												Total
		Quiescent			Improved			No Material Improvement			Died			
		M.	F.	Ch.	M.	F.	Ch.	M.	F.	Ch.	M.	F.	Ch.	
Patients, i.e. Definitely T.B. Pulmonary Cases.	T.B. Minus ...	1	—	—	33	21	10	5	5	1	1	2	—	79
	T.B. Plus :— Group 1 ...	—	—	—	—	1	—	—	—	—	—	—	—	1
	Group 2 ...	—	—	—	30	16	—	—	1	—	—	—	—	47
	Group 3 ...	—	—	—	25	30	—	35	23	—	18	10	—	141
Non-Pulmonary Cases.	Bones & Joints ...	—	—	—	—	—	—	—	—	—	—	—	—	—
	Abdominal ...	—	—	—	—	—	—	—	—	—	—	—	—	—
	Other Organs ...	—	—	—	—	—	—	—	—	—	—	—	—	—
	Peripheral Glands	—	—	—	—	—	—	—	—	—	—	—	—	—
	Totals ...	1	—	—	88	68	10	40	29	1	19	12	—	268

Observation Cases for Diagnosis.	Found Tuberculous			Found Non-Tuberculous			Doubtfully Tuberculous			
	M.	W.	Ch.	M.	W.	Ch.	M.	W.	Ch.	
	5	2	—	2	—	1	1	1	—	12

Grand Total ... 280

NUMBER DISCHARGED.—Fit for light work, 19; Left before completion of treatment, i.e., at own request with permission, left against advice or discharged for disciplinary reasons, 62; Number transferred to other institutions, 50.

ARTIFICIAL PNEUMOTHORAX.—Inductions, 12; Refills, 185.

X-RAY DEPARTMENT.—In-patients: Screenings, 501; Radiographs taken, 317.

DENTAL TREATMENT.—Extractions, 225; Fillings, 27; Scalings, 4.

SPECIAL EXAMINATIONS.—Wassermann tests, 5.

GENERAL OBSERVATIONS.—As will be seen from the above tables, the total number of patients dealt with during the year 1932 was 378, of whom 268 were discharged, leaving 110 under treatment on December 31st, 1932. The number of cases for observation dealt with was 13, of whom 7 were found to be tuberculous, and have been included twice in the total number of admissions; 2 were discharged as doubtful cases, and 3 were found to have no evidence of active tuberculosis. The daily average of the number of cases confined to bed was 69·16 per cent. and 70·5 per cent. of the patients had tubercle bacilli in the sputum.

CLASSIFICATION OF ADMISSIONS.—

	No. admitted	*Early.*	*Intermediate*	*Advanced*
Men	149	8.1%	41.6%	50.3%
Women	110	7.3%	30.0%	62.7%
Children ...	13	61.5%	23.1%	15.4%

The total number of patients dealt with is less than that of previous years, although the daily average of the number of beds occupied throughout the year was 110·46. This is partly due to a smaller number of patients voluntarily terminating their treatment, and partly to a greater willingness of the patients to prolong their stay in hospital. The average length of hospital treatment given to the men was 21 weeks, to the women 18 weeks, and to the children 13 weeks. It is felt, however, that a longer time spent under treatment would be of benefit to the patients, but as soon as they begin to feel better they become restless and express the wish to go home. There are far too many patients, especially among the women, who, having improved in hospital, refuse to undergo further treatment in a sanatorium. Many of these have a reasonable chance of completely arresting the disease, but in spite of the advice given to them, they persist in going home, where they inevitably break down, and later have to be re-admitted to hospital with disease so far advanced that the outlook is practically hopeless.

Although the number of deaths in hospital was smaller than that in previous years, this cannot be taken as an indication that the patients dealt with

were suffering from a less severe type of disease than those of former years. The young adult type of case, unfortunately, still looms largely in the number of cases admitted. Some 71 per cent. of the women and 51 per cent. of the men admitted were under 30 years of age. It is these cases that are such difficult problems to solve as regards treatment, and, bearing in mind the large number of deaths that occur in cases of the young adult type, tuberculosis may still be regarded as the greatest scourge of the human race. It cannot be denied that young adults lack resistance to tuberculous re-infection or superinfection, but the reason for this still remains obscure. Krause states, " That there is a dosage of reinfection and a spacing of intervals between reinfections, one of which is always to be correlated with the other, which are favourable for the highest development of immunity. But there is also a dosage and a spacing which will depress and (perhaps) destroy each. The potentially illimitable relations of tuberculosis foci to the bodies in which they reside render necessary the presumption that every conceivable effect on allergy and immunity is possible."

The childhood type of disease is very amenable to treatment, and even the middle age and old age types can often, with proper care, suffer very little from their disability; but the young adult type is almost invariably a dangerous condition, and the only hope at present is for it to be diagnosed at a time when the disease is amenable to surgical treatment. Our knowledge of this type of disease is far from complete, and an intensive epidemiological enquiry seems to be indicated, so that some method of prevention is devised in order to hasten the day when this catastrophic type of disease will have vanished from modern communities.

On September 23rd, 1932, the Institution was visited and inspected by the Rt. Hon. Sir E. Hilton Young, Minister of Health, who was accompanied by Sir Arthur Robinson, Permanent Secretary to the Minister of Health, Mr. Leggett, Director of Establishments, and members of the Welsh Board of Health. The Minister exhibited keen interest in the Hospital and the methods of treatment adopted.

THERAPEUTIC.—As will have been gathered from the above, treatment has been mainly on the lines of bed rest, as the majority of patients dealt with have been febrile on admission. Artificial Pneumothorax was induced in 12 cases, of whom 4 had to be abandoned because of ineffective collapse of the diseased lung. It is rare for complete collapse to be obtained in the cases attempted at this Hospital, though considerable improvement results in many cases with partial collapse. It is however, to be regretted that facilities for such surgical procedures as Phrenicectomy and Thoracoplasty are not available at this Institution. Where Artificial Pneumothorax fails it seems logical that the patient should have the chance offered by further surgical measures. At present, patients who require these forms of treatment have to be transferred to other

institutions in order to obtain them—and this they are very loath to do. As mentioned in the report for last year, copper hydnocarpate was being tried. This solution was injected intramuscularly, but the six cases who received it did not benefit in the least and the treatment was abandoned as most disappointing.

Sanocrysin has been given to 20 cases, of whom 7 had to be abandoned because of complications. The complications met with were Dermatitis, Albuminuria, Diarrhoea, and Hæmoptysis. Several cases improved, but on the whole the disease was so far advanced in the cases treated that sanocrysin did not effect the hoped-for improvement.

MATERIEL.—The most important addition to the Hospital buildings since the latter was opened is the erection of a Recreation Hall for the patients. This building has been made possible through the generosity of our Newport friends, who desired to do something for the Hospital to serve as a memorial to the late Mr. Bonn Jones, Newport. They formed a committee in 1929 to collect the money for this memorial, and since that date, by means of dances and American teas, they have collected monies amounting to £600 towards the cost of this building. The hall has been built on the high ground near the west end of the mansion and occupies a splendid site commanding a beautiful view. The building can be used as a general assembly hall and also, by means of movable partitions, can be divided into two separate recreation rooms for men and women patients. It satisfies a long-felt need and will prove a great boon to the patients. We are profoundly indebted to the Committee of the Patients' Aid and Comforts Fund and to all the others who worked so hard for the success of this magnificent voluntary effort during a very difficult economic period.

On November 3rd, 1932, the opening ceremony of this hall was graciously performed by Lady Forestier-Walker in the presence of a large number of people.

No means of access to the ward kitchens in the main building had been provided except through the wards. and this year it was found possible to construct entrances to these kitchens leading directly out to the back of the premises. These have proved a great convenience as all rubbish can be removed from the kitchens without interfering so undesirably with the wards.

A large part of the buildings have been repainted, and as we have now a painter on the permanent staff it will be possible to keep the paint work of the Institution up to ordinary standard.

PERSONNEL.—Dr. A. C. Easterbrook terminated her appointment as Assistant Medical Officer in September, 1931, and Dr. Mary Hewart Jones was appointed to fill the vacancy.

AMENITIES.—We are again grateful to Mrs. Ormond Lewis, Llanishen, for her financial support during Christmas-time. Her unfailing interest in the happiness of the patients, year after year, is a source of gratification.

The Ladies' Sewing Guild continues its good work in providing garments for necessitous patients, and we take this opportunity of thanking the various branches for their help. We also welcome the Caerwent Women's Branch of the British Legion, who have this year resolved to assist in the work of this organisation.

A large number of books and magazines have been received for the use of the patients from many donors during the year. To them, and to the many others who have given in money and in kind to the patients, we are truly thankful.

ACKNOWLEDGMENTS.—We are indebted to the Directors of the Whitehead Iron and Steel Company, Newport, for a donation of £10 to the Patients' Wireless Fund.

Grateful thanks are due to Miss Bobbie Hutson, Newport, who, as a result of a dancing display given by her pupils, contributed the sum of £44. 19s. 5d. to the Patients' Comforts Fund.

Also to Mrs. A. Carveth Johnson we express our appreciation of her effort in obtaining £20. 2s. 6d. for the Recreation Hall Fund.

To the numerous concert parties who have entertained the patients during the year, we tender our grateful thanks.

On behalf of the patients, I express appreciation to the Chaplains, both Nonconformist and Church of England, who have conducted the religious services at the Hospital, and have interested themselves in the spiritual welfare of the patients.

To my House Committee and to the Central Office Staff, I gratefully acknowledge my indebtedness for their interest and help.

In conclusion, I express my appreciation of the loyal and devoted service rendered by my medical colleagues, the Matron, and the whole staff of the Hospital.

The following tables give details of the work undertaken by the Welsh National Memorial Association in the Administrative County during the year ended 31st December, 1932.

TABLE 1.

Return showing the work of the Dispensary or Dispensaries during the year ended December 31st, 1932.

DIAGNOSIS.	Pulmonary				Non-Pulmonary				Total			
	Adults		Children		Adults		Children		Adults		Children	
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.
A.—NEW CASES examined during the year (excluding contacts) :—												
(a) Definitely tuberculous ...	142	148	14	14	33	38	32	31	175	186	46	45
(b) Diagnosis not completed ...	...	...	...	...	..	...	...	...	4	4	2	5
(c) Non-Tuberculous	...	...	...	...	...	...	...	..	390	388	311	278
B.—CONTACTS examined during the year :—												
(a) Definitely tuberculous ...	5	2	6	1	.	...	...	...	5	2	6	1
(b) Diagnosis not completed ...	...	...	...	...	..	...	...	...	2	2	3	4
(c) Non-tuberculous	...	...	...	..	...	...	...	...	140	213	128	164
C.—CASES written off the Dispensary Register as :—												
(a) Recovered	25	71	23	3	6	16	20	19	31	87	43	22
(b) Non-tuberculous (including any such cases previously diagnosed and entered on the Dispensary Register as tuberculous)	...	...	...	...	...	...	...	...	533	604	441	443
D. — NUMBER OF CASES on Dispensary Register on December 31st :—												
(a) Definitely tuberculous ...	563	490	63	61	158	193	125	104	721	686	188	165
(b) Diagnosis not completed ...	..	...	...	...	...	...	...	...	6	6	5	9

TABLE 1 (Continued).

1.—Number of cases on Dispensary Register, on January 1st. ...	1694	8.—Number of visits by Tuberculosis Officers to homes (including personal consultations.	1595
2.—Number of cases transferred from other areas and cases returned after discharge under Head 3 in previous years.	61	9.—Number of visits by Nurses or Health Visitors to homes for Dispensary purposes	2691
3.—Number of cases transferred to other areas, cases not desiring further assistance under the scheme, and cases "lost sight of."	72	10.—Number of :— (a) Specimens of sputum, etc., examined ... ... (b) X-Ray examinations made in connection with Dispensary work	1136 1226
4.—Cases written off during the year as dead (all causes).	200	11.—Number of " Recovered " cases restored to Dispensary Register, and included in A (a) and A (b) above	92
5.—Number of attendances at the Dispensary (including Contacts).	8215	12.—Number of " T.B. plus " cases on Dispensary Register on December 31st.	448
6.—Number of Insured Persons under Domiciliary Treatment on the 31st December.	114		
7.—Number of consultations with Medical Practitioners :— (a) Personal ... ... (b) Other	406 1961		

TABLE 2.

Return showing the Extent of Residential Treatment and Observation in Institutions during the year ended December 31st, 1932.

		In Institutions on Jan. 1st.	Admitted during the year	Discharged during the year	Died in Institutions	In Institutions on Dec. 31st
Number of doubtfully tuberculous cases admitted for observation	Adult Males ...	1	17	17	...	1
	Adult Females..	1	16	16	...	1
	Children	3	16	13	...	6
	Total ...	5	49	46	...	8
Number of definitely tuberculous patients admitted for treatment.	Adult Males ...	93	177	162	18	90
	Adult Females..	52	130	109	8	65
	Children	46	66	72	3	37
	Total ...	191	373	343	29	192
Grand Total ...		196	422	389	29	200

TABLE 3.

Return showing the immediate results of treatment of definitely Tuberculous patients discharged from Residential Institutions during the year ended December 31st, 1932.

HOSPITAL (PULMONARY CASES).

DURATION OF TREATMENT.

Classification on admission to Institution.	Condition at time of discharge.	Under 3 months			3—6 months			6—12 months			More than 12 months			Total
		M	F.	Ch	M.	F.	Ch	M.	F.	Ch	M.	F.	Ch	
Class. T.B. Minus.	Quiescent	1	...	...	...	...	...	...	...	...	...	...	...	1
	Not Quiescent	16	13	4	12	5	1	2	2	...	...	1	...	56
	Died	...	1	1	...	...	...	...	...	...	...	...	...	2
Class. T.B. Plus. Group 1.	Quiescent	...	...	...	...	...	...	...	...	...	...	...	...	...
	Not Quiescent	...	...	...	...	...	...	...	...	...	...	...	...	...
	Died	...	...	...	...	...	...	...	...	...	...	...	...	...
Class. T.B. Plus. Group 2.	Quiescent	...	...	...	...	...	...	...	...	...	...	...	...	...
	Not Quiescent	8	4	...	8	2	...	3	3	...	1	1	..	30
	Died	...	...	...	...	...	...	...	...	...	...	...	...	...
Class. T.B. Plus. Group 3.	Quiescent	...	...	...	...	...	...	...	...	...	...	...	...	...
	Not Quiescent	4	8	...	20	14	...	10	10	...	7	3	...	76
	Died	6	5	...	3	1	..	...	1	...	2	...	...	18
	Totals	35	31	5	43	22	1	15	16	..	10	5	...	183

TABLE 3(a)

Return showing the results of observation of doubtfully Tuberculous cases discharged from Residential Institutions during the year ended December 31st, 1932.

HOSPITAL (PULMONARY CASES).

Diagnosis on discharge from observation.	Stay under 4 weeks			Stay over 4 weeks			Total		
	M.	F.	Ch.	M.	F.	Ch.	M.	F.	Ch.
Tuberculous	5	1	...	...	1	...	5	2	...
Non-Tuberculous ...	1	...	1	1	...	...	2	..	1
Doubtful	1	...	...	...	2	...	1	2	...
Totals	7	1	1	1	3	...	8	4	1

TABLE 4.

Return showing the immediate results of treatment of definitely Tuberculous patients discharged from Residential Institutions during the year ended December 31st, 1932.

SANITORIUM (PULMONARY CASES).

DURATION OF TREATMENT.

Classification on admission to Institution.	Condition at time of discharge.	Under 3 months			3—6 months			6—12 months			More than 12 months			Total
		M.	F.	Ch	M.	F.	Ch	M.	F.	Ch	M.	F.	Ch	
Class. T.B. Minus.	Quiescent	1	1	2	3	5	10	3	4	5	...	...	1	40
	Not Quiescent	6	2	4	5	4	5	4	2	1	...	...	1	34
	Died	...	...	...	...	...	...	...	..	...	...	...	...	...
Class. T.B. Plus. Group 1.	Quiescent	...	...	...	...	1	...	...	...	...	...	...	...	1
	Not Quiescent	...	...	...	2	...	...	...	...	...	...	...	...	2
	Died	...	...	...	...	...	..	...	...	...	...	...	...	...
Class. T.B. Plus. Group 2.	Quiescent	...	...	...	2	...	...	...	...	...	...	...	...	2
	Not Quiescent	3	...	...	7	5	...	5	...	...	5	1	...	26
	Died	...	...	...	...	...	...	...	...	...	1	...	...	1
Class. T.B. Plus. Group 3.	Quiescent	...	...	...	...	...	...	...	...	...	...	..	...	...
	Not Quiescent	1	...	...	...	1	...	...	...	...	1	...	...	3
	Died	1	...	...	...	...	...	...	...	...	...	...	...	1
	Totals	12	3	6	24	16	15	12	6	6	7	1	2	110

TABLE 4(a)

Return showing the results of observation of doubtfully Tuberculous cases discharged from Residential Institutions during the year ended December 31st, 1932.

SANATORIUM (PULMONARY CASES).

Diagnosis on discharge from observation.	Stay under 4 weeks			Stay over 4 weeks			Total		
	M.	F.	Ch.	M.	F.	Ch.	M.	F.	Ch.
Tuberculous	...	2	...	1	2	1	1	4	1
Non-Tuberculous ...	...	...	...	...	...	1	...	...	1
Doubtful	...	...	...	...	...	...	...	.	..
Totals	...	2	...	1	2	2	1	4	2

TABLE 5.

Return showing the immediate results of treatment of definitely Tuberculous patients discharged from Residential Institutions during the year ended December 31st, 1932.

HOSPITAL (NON-PULMONARY CASES.

Classification on admission to Institution.	Condition at time of discharge.	Under 3 months			3–6 months			6–12 months			More than 12 months			Total
		M.	F.	Ch	M.	F.	Ch	M.	F.	Ch	M.	F.	Ch	
Bones and Joints.	Quiescent	1	...	1	...	..	2	1	2	3	2	1	3	16
	Not Quiescent	1	...	3	...	2	1	1	...	...	1	...	4	13
	Died	1	...	...	2	...	1	1	...	...	...	...	..	5
Abdominal.	Quiescent	...	...	...	...	1	...	...	...	2	...	...	...	3
	Not Quiescent	...	1	1	1	2	1	1	...	3	...	...	...	10
	Died	1	...	...	...	...	...	...	...	...	...	...	...	1
Other Organs.	Quiescent	1	...	...	...	...	.	...	...	...	1	...	1	3
	Not Quiescent	2	...	...	1	2	1	2	...	...	...	...	...	8
	Died	...	...	...	...	...	...	...	...	...	...	...	...	...
Peripheral Glands.	Quiescent	...	...	2	...	...	...	...	...	1	...	...	...	3
	Not Quiescent	1	4	4	...	2	3	...	...	2	...	...	...	16
	Died	...	...	...	...	...	1	...	...	..	...	...	...	1
	Totals	8	5	11	4	9	10	6	2	11	4	1	8	79

TABLE 5(a).

Return showing the results of observation of doubtfully Tuberculous cases discharged from Residential Institutions during the year ended December 31st, 1932.

HOSPITAL (NON-PULMONARY CASES

Diagnosis on discharge from observation.	Stay under 4 weeks			Stay over 4 weeks			Total		
	M.	F.	Ch.	M.	F.	Ch.	M.	F.	Ch.
Tuberculous	2	...	1	2	1	2	4	1	3
Non-Tuberculous ...	3	1	2	1	6	5	4	7	7
Doubtful	...	...	...	...	...	...	...	...	...
Totals	5	1	3	3	7	7	8	8	10

VENEREAL DISEASES.

The following is a summary of the scheme of the County Council for the prevention and treatment of these diseases :—

The Treatment Centre for the Administrative County is at the Royal Gwent Hospital, Newport. The days and hours of the sessions are :—

MALES.—Tuesdays at 4.30 p.m.
Wednesdays at 2 p.m.
Thursdays (old cases only) at 4 p.m.
Fridays at 6 p.m.

FEMALES.—Mondays at 2 p.m.
Thursdays at 2 p.m.

Facilities for the irrigation of cases of gonorrhœa are also available.

Dr. P. C. P. Ingram is the Medical Officer in charge of the Centre for men, and Dr. Mary Gordon, Assistant Medical Officer under the County Council, attends the women's sessions, and this arrangement came into force on the 28th September, 1925.

The bacteriological examinations in connection with the Centre are conducted at the County Laboratory by the County Pathologist and Bacteriologist. Laboratory facilities for private practitioners are also provided, and outfits from the Laboratory are sent to them when required.

The medical profession in the County has been circularised with the details of the scheme, and a propaganda compaign is periodically conducted by advertisements in the local newspapers, posters on public hoardings, in public and railway station urinals, and every winter by separate public lectures for men and for women.

In necessitous cases the County Council provides rail fares for patients attending the Treatment Centre, which amounted to £260. 15s. 4d. in the year 1932.

There is every indication that the scheme is sufficient to meet the needs of the County.

The reports of the Medical Officers in charge of the Treatment Centres are as follows :—

A.—DR. P. C. P. INGRAM.

" The figures for 1932 show little change from those of the previous year. The total of new cases is five less. Those suffering from gonorrhoea are

reduced by 19 while those with syphilis an increase of 10 reaching a total of over 50 for the first time for many years. The total number of new infections is, however, too small to draw any definite conclusions as to the increase or otherwise in the incidence of this disease. The figures of those suffering from soft chancre and of those found not to be suffering from venereal disease are practically the same.

Seventy-two patients were discharged as cured, a number equivalent to more than half the number of new patients. (Some of these, of course, had had had their treatment during the previous year and an approximately equal number had not completed their treatment at the end of the year). This again shows an increase, and allowing for removals from the district, who did not inform us and obtain transfer books, can be considered as highly satisfactory.

The number shown as discharged cured for syphilis is much smaller in proportion; but these figures owing to the fact that according to the scheme of the Ministry of Health two years surveillance is required after completion of treatment, refers to patients who came as new when the numbers were decidedly lower, *i.e.*, the years 1929-30 (49 and 30 new patients respectively). This does not appear so satisfactory but the results are not, I think, as poor as they seem, many patients, though they fail to attend for the requisite two years are undoubtedly cured, though it is, unfortunately, impossible to say how many. Since the last report was published an exhaustive analysis has been made of the case cards of all the patients who came to the Clinic with early syphilis during the four year period 1924-27. It was found, among other things, that more than half of these had reached a stage when not only had they completed the prescribed treatment, but also showed by the recognised bacteriological tests that they might reasonably, in the majority of cases be expected to be cured. By this, I think, can the steady fall in the incidence of new infections during the past ten years be explained.

The attendances for treatment are again satisfactory reaching over 4,600 and has undoubtedly been considerably helped by the payment of train fares in necessitous cases of which, owing to the prevailing industrial depression, there are many."

B.—DR. MARY H. M. GORDON.

" The total number of new cases attending for the first time showed a slight decrease over the figure for 1931—largely accounted for by a decrease in the number of new cases of Gonorrhoea. There was actually an increase in the number of new cases of Syphilis. That a large proportion of women in Monmouthshire with Gonorrhoea go untreated, is shown by the low ratio of new cases of Gonorrhoea to Syphilis in females (1 : 1·4), as compared with the males of Monmouthshire (2·3 : 1).

The total number of new cases in Monmouthshire attending for the first time in 1932 was in the proportion of 2 men to 1 woman. The ratio is too wide —it should be two women to 3 men at least. The Ministry of Health Report for 1929 estimated 6 cases of Gonorrhoea to 1 case of Syphilis in England and Wales.

The chief reason for the smaller number of females compared with males reporting with Gonorrhoea may be that, in women, Gonorrhoea is often marked by such slight symptoms that warnings regarding the serious consequences and the after-effects of it go unheeded and patients will not report for treatment, whereas in males, the disturbances are greater, and more acute, and more patients are compelled to seek treatment.

The number of non-venereal cases showed an increase over last year's figure. Only a very few of these come of their own accord.

The new cases of Syphilis were again chiefly composed of patients in the later stages of the disease. About 16 cases of Congenital Syphilis attended for the first time. The County Maternity and Child Welfare Centres, including the Antenatal Clinics, still continue to refer a large number of cases to the Treatment Centres though, unfortunately, on account of difficulty in travelling, pregnant women cannot get sufficient treatment in the later months.

Only about 10 per cent. of new patients reporting were unmarried women.

There is a satisfactory increase in the number of patients discharged cured after completion of treatment. The increase in the number of patients discharged cured of Gonorrhoea is especially satisfactory. The period of observation in the case of Gonorrhoea is much shorter than in the case of Syphilis and it is very difficult to persuade patients with the latter disease to report at the necessary intervals for two years after cessation of treatment.

On the whole, the attendance of patients was satisfactory. That the figure for non-attendance is not higher is due to the work of the Lady Inquiry Officer, who spares no pains to follow up patients to their homes, and persuades them to attend.

The drugs used were Salvarsan compounds with Bismuth, and a compound of Bismuth Quinine Iodo—Bismuthate."

Comparison with the reports of other counties proves that the proportion of attendances of women to men at the County Treatment Centre is greater in Monmouthshire than in most other counties.

This can be attributed to the work of the Inquiry Officer, Nurse E. M. Walters, who follows female patients (old and new to their homes, and she invites them to undergo and persevere with treatment at the Centre. She also attends at the Treatment Centre on the days fixed for female patients, and this procedure has proved to be a great encouragement to the women to visit the Centre regularly. The work accomplished by her during the year was as follows :—

Number of visits paid in the Administrative County :

	1932.	1931.
To new cases which came to her knowledge and which had not undergone treatment	335	351
To old cases in which visits to the Treatment Centre had been discontinued before completion of treatment, also to old cases still under treatment ...	990	1475
To members of Voluntary Agencies, District Nurses, etc.	172	244
Total	1497	2070

Since her appointment in July, 1918, Nurse Walters has visited 5,233 new cases.

The medical practitioners of the County approve the scheme most cordially, and the majority of them send patients to the Centre for treatment. Advantage is also taken of the facilities for tests at the County Laboratory, and 610 specimens were examined for private practitioners during the year 1932.

Details of the work carried out at the Laboratory and Treatment Centre during the year 1932, are as follows :—

I.—COUNTY LABORATORY, COUNTY HALL.

Return of Specimens Examined.

	1932.									Previous Year 1931
	For detection of Spirochaetes.		For detection of Gonococci.		For Wassermann reaction (Syphilis).		Other Examinations.		TOTAL.	
	Males	Females	Males	Females	Males	Females	Males	Females		
From County of Monmouth—										
Treatment Centre ..	41	4	483	617	526	422	15	13	2121	2059
Practitioners ..	4	—	78	125	244	133	24	2	610	645
From County Borough of Newport—										
Treatment Centre ..	33	7	242	145	280	154	11	—	872	1018
Practitioners ..	3	—	50	59	197	134	—	2	445	364
From Other Districts—										
Leicestershire ...	—	—	—	—	—	—	—	—	—	1
Glamorganshire ..	—	—	5	—	6	1	—	—	12	13
Brecon ..	2	—	3	—	12	5	—	—	22	6
Swansea ...	—	—	—	—	2	—	—	—	2	—
Gloucestershire ...	—	—	1	—	—	—	—	—	1	—
Cardiff ...	—	—	—	—	1	—	—	—	1	6
Totals .	83	11	862	946	1268	849	50	17	4086	4112

No. of doses of substitutes for Salvarsan supplied to Medical Practitioners:—

			1932.		1931.
Novarsenobillon	·6 grm. =	...	60	...	6
,,	·45 ,, =	...	8	...	4
,,	·3 ,, =	...	13	...	4
	Totals	...	81	...	14
Stabilarson (Boots)	·6 grm. =	...	14	...	36
	·45 ,, =	...	34	...	38
	·3 ,, =	...	8	...	6
	·2 ,, =	...	—	...	—
	Totals	...	56	...	80
Sulphostab (Boots)	·2 grm. =	...	—	...	—
	·3 ,, =	...	—	...	—
	·45 ,, =	...	20	...	30
	·6 ,, =	...	—	...	10
	Totals	...	20	...	40

The number of practitioners upon the register for the supply of salvarsan substitutes is eighteen.

2.—TREATMENT CENTRE.

(Royal Gwent Hospital, Newport).

Returns of Dr. P. C. P. INGRAM, Medical Officer of Centre, to the Medical Officer of Health, relating to persons residing in the Administrative County of Monmouth.

	1932.			1931.		
	Males.	Females.	Total.	Males.	Females.	Total.
1.—Number of persons dealt with at or in connection with the Out-patient Clinic for the first time and found to be:—						
Suffering from Syphilis ...	51	48	99	38	42	80
,, ,, Soft Chancre ...	13	—	13	14	—	14
,, ,, Gonorrhoea ...	124	33	157	143	53	196
Not suffering from venereal disease	63	114	177	61	107	168
Total	251	195	446	256	202	458
2.—Number of persons discharged from the Out-patient Clinic after completion of treatment for:—						
Syphilis	4	4	8	5	3	8
Soft chancre	12	—	12	11	—	11
Gonorrhœa	72	34	106	91	17	108
Not suffering from venereal disease	72	110	182	76	91	167
Total ...	160	148	308	183	111	294
3.—Number of persons who ceased to attend the Out-patient Clinic without completing treatment, and who were suffering from:—						
Syphilis	45	67	112	33	43	76
Soft chancre	5	—	5	3	—	3
Gonorrhœa	75	45	120	64	44	108
Not suffering from venereal disease	—	—	—	—	—	—
Total ...	125	112	237	100	87	187
4.—Total attendances of all persons at the Out-patient Clinic who were:—						
Suffering from Syphilis ...	2260	2319	4579	2217	2336	4553
,, ,, Soft Chancre ...	35	—	35	93	3	96
,, ,, Gonorrhœa ...	2239	851	3090	2257	1061	3318
Not suffering from venereal disease	94	179	273	109	252	361
Total	4628	3349	7977	4676	3652	8328

	1932.			1931.		
	Males.	Females.	Total.	Males.	Females.	Total.
5.—Aggregate number of " In-patient days " of treatment given to persons suffering from:—						
Syphilis	217	125	342	100	107	207
Gonorrhoea	193	342	535	254	487	741
Soft Chancre	—	—	—	5	—	5
Not suffering from Venereal disease	—	—	—	—	—	—
Observation Cases	—	—	—	23	—	23
Total	410	467	877	382	594	976
6.—Number of persons treated with Salvarsan substitutes	219	319	538	—	—	—
7.—Number of doses of Salvarsan substitutes given:—						
Name of Drugs—Novarsenobillon						
Silversalvarsan						
Stabilarsan						
Kharsuphan						
Sulphostab						
Arseno Argenticum						
dose ·05 ...	—	—	—	—	15	15
dose ·1 ...	54	93	147	10	19	29
dose ·15 ...	46	82	128	23	84	107
dose ·2 ...	9	222	231	8	248	256
dose ·25 ...	—	24	24	—	67	67
dose ·3 ...	70	203	273	64	345	409
dose ·45 ...	353	260	613	271	177	448
dose ·6 ...	117	24	141	106	1	107
Name of Drug—Bismuth dose ·5cc ...	—	—	—	—	—	—
,, dose 1cc ...	—	—	—	552	544	1096
Quin. Iod. ,, dose .2 grm.	649	586	1235	112	193	305
,, dose .3 grm.	284	374	658	150	123	273
Total	1582	1868	3450	1296	1816	3112
8.—Examination of Pathological material:—	Males.	Females.	Total.	Males.	Females.	Total.
Specimens from persons attending at the Treatment Centre which were sent for examination to an independent Laboratory—						
For detection of spirochætes ...	41	4	45	23	4	27
,, ,, gonococci ...	483	617	1100	416	755	1171
For Wassermann reaction ...	526	422	948	467	370	837
Others	15	14	29	15	9	24
Totals	1065	1057	2122	921	1138	2059

No action has been taken under the Venereal Diseases Act, 1917, in the County as no evidence has been available of breach of its provision.

The Lectures upon the Prevention and Treatment of Venereal Diseases which have been delivered in previous years were postponed during the year 1932.

MATERNITY AND CHILD WELFARE.

This work has been fully dealt with in the special report which has been prepared.

BLIND PERSONS ACT, 1920.

The number of blind persons upon the County Register at the 31st March, 1933, was 764—379 males and 385 females. Details are given in the accompanying tables.

Grants are made to the unemployable blind after consideration of the cases by the Blind Persons Act Sub-Committee of the Public Health Committee and during the financial year 1931-1932, weekly grants were made to 403 persons, the total amount of the grants being £8,839 (approximately). The amount of assistance given under this head has been rapidly increasing during the past few years, and the Blind Persons Sub-Committee propose to re-consider all cases in receipt of grants with a view to effecting a reduction in the expenditure.

The scheme formulated by the County Council for the welfare of the blind under Section 2 (1) of the Act has been under review and amended and is as follows:—

DATE OF COMMENCEMENT.

" This Scheme (amending the Scheme previously in force) (8-9-1932) shall become operative as from the date on which it is approved by the Minister of Health.

OBJECTS.

To provide for:—

(a) Children under School Age.
(b) Education and training of children and adults.
(c) Workshop Employment.
(d) Augmentation of Wages.
(e) Home Workers and Home Teachers.
(f) Unemployable Blind.

Blind Registrations as at 31st MARCH, 1933.

TABLE 1.—Age Periods.

0—5			5—16			16—21			21—30			30—40			40—50			50—60			60—70			70 and upwards			Totals.		
M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
...	1	1	6	8	14	8	6	14	10	16	26	8	8	16	32	26	58	45	51	96	117	97	214	153	172	325	379	385	764

TABLE 2.—Ages at which Blindness occurred.

0—1			1—5			5—10			10—20			20—30			30—40			40—50			50—60			60—70			70 and upwards			Unknown	
M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M,	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.
27	37	64	15	11	26	8	4	12	9	15	24	15	18	33	28	19	47	42	32	74	69	81	150	101	84	185	59	77	136	6	7

TABLE 3. (a) Training and Employment. Age period 16 and upwards.

Employed												Undergoing Training.																	
By Blind Institutions.						All others not included in (a) & (b)			Total employed			Industrial			Secondary			Professional or University			Trained but unemployed			No training but Trainable			Unemployable			Total.		
Workshops (a)			Home Workers (b)			(c)			(d)			(e)			(f)			(g)			(h)			(i)			(j)					
M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
3	5	8	2	...	2	12	2	14	18	7	25	5	8	13	2	...	2	2	1	3	1	4	5	7	4	11	321	345	666	373	376	749

(b) Occupations of Employed.

	Basket Workers	Pan Brushes	Ministers of Religion	Dealers (Tea Agents, Shopkeepers etc).	Knitters	Musicians & Music Teachers	Tuners	Weavers	Chair Caning	Solicitor	Massuer	Total.
Within Institutions for the Blind	1	2	...	...	3	...	...	1	...	...	...	8
In approved Home Workers Schemes	...	...	...	...	...	2	...	...	...	...	...	2
Others (not pastime Workers	1	...	1	4	...	2	4	...	1	1	1	15
Total	2	2	1	4	3	4	4	1	1	1	1	25

TABLE 4.

Physically and Mentally Defective (all ages).

(a) Mentally Defective			(b) Physically Defective			(c) Deaf			Total		
M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
3	3	6	6	2	8	8	7	15	17	12	29

(g) Homes and Hostels.
(h) Registration.
(i) General Social Welfare.

(a) *Children under School Age.*

To provide for the welfare of infants born blind or with defective sight through the Home Teachers, acting in co-operation with the Health Visitors. Where home conditions are unsatisfactory to make provision when considered desirable for accoommodation in a suitable home or institution.

(b) *Education and Training of Children and Adults.*

To continue the present system of education and training in accordance with the Education Act and the regulations of the Board of Education.

(c) *Workshop Employment.*

To provide or arrange for the provision of employment for suitable blind persons in workshops for the blind, or elsewhere; the general conditions of employment to be subject to the approval of the Council, and the employees in workshops for the blind to be paid at the Trade Union or other standard rate customary in the particular class of work on which the blind person is employed.

(d) *Augmentation.*

To provide where necessary for the augmentation of the wages or earnings of workers employed in a workshop for the blind, under a Home-workers Scheme, or elsewhere, on such scale as may be approved by the Council.

(e) *Home Workers and Home Teachers.*

To provide for the employment of suitable blind persons in a Home Workers Scheme ;the general conditions of employment to be subject to the approval of the Council. To provide for or arrange for the provision of home teaching and visiting of the blind, if necessary by the appointment of such a number of Home Teachers as may be required. The duties of the Home Teachers will be to visit the blind in their own homes to teach them as far as possible to read Braille or Moon type and to instruct them in simple pastime occupations and generally to assist in promoting the social welfare of the blind. The appointment of Home Teachers shall be subject to the approval of the Council.

(f) *Unemployable Blind.*

Arrangements will be made to provide when necessary and in conjunction with the Public Assistance Committee for aged, infirm and unemployable blind persons by boarding out or by weekly or other payments direct to them when they reside in their own homes or lodgings, and when considered necessary to provide for fees for any necessitous blind person who is or may be resident in a Home for the Blind, the object being to prevent blind persons who are not already doing so, seeking relief from the Poor Law. It is recognised that destitute cases should be dealt with as hitherto by the Public Health and Housing Committee on behalf of the Public Assistance Committee.

(g) *Homes and Hostels.*

To provide or arrange for the provision of (a) accommodation in Homes for the Blind for suitable adult persons who are incapable of work and are in need of such accommodation, (b) accommodation in Hostels for the Blind for suitable employed blind persons who for lack of housing accommodation or other satisfactory reason require such provision.

(h) *Registration.*

To provide for the registration and classification of all blind persons for the time being ordinarily resident in the County. No person's name shall be added to the register of blind persons until he has been examined and certified by a medical practitioner with special experience in ophthalmology to be blind within the meaning of the Blind Persons Act, 1920.

(i) *General Social Welfare.*

To promote or arrange for promotion of the general social welfare of the blind by the provision of embossed literature, social and handicraft centres, pastimes, occupations, concerts, lectures and other similar means, and to do all such lawful things as are incidental or conducive to attainment of the provisions of the Blind Persons Act, 1920.

The Monmouthshire County Association for the Blind is now an active body and meetings are held regularly. The Organiser, Mr. H. D. Bowden of Blaenavon, commenced duties on the 1st December, 1931, and his efforts to make the Association a successful organisation, and one that will prove of real value to the blind persons of the Administrative County, promise to show results.

Local Blind Welfare Committees have been formed in several of the County Districts, and it is hoped that very shortly the whole of the County will be covered.

The Scheme and Constitution of the Monmouthshire County Association for the Blind, given in the report for 1930, has since been revised in consequence of the attitude of the Newport Blind Aid Society.

It is proposed to give a full report upon the functioning of Blind Welfare in Monmouthshire in next year's report.

The Ministry of Health are preparing a new scheme under Section 102 (1) of the Local Government Act, 1929. Under this scheme grants previously made by the Government are transferred to Local Authorities. The County Council has raised objections to the renewal of the grants to several associations dealing with the blind on the ground that no Monmouthshire cases are now being assisted by those associations.